

Milwaukee VA Medical Center
Psychology Postdoctoral Fellowship Training Program
2023-2024 Training Year



Clement J. Zablocki VA Medical Center
Milwaukee, Wisconsin

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Introduction

The Milwaukee VA Medical Center (VAMC) is dedicated to providing training in clinical and counseling psychology. We offer postdoctoral fellowship training, doctoral internship training and practicum experiences. The postdoctoral fellowship has been offered since 1992 and has been fully accredited by the American Psychological Association (APA) since 2003. The clinical neuropsychology postdoctoral fellowship was separately accredited by the APA in 2015. There are currently 12 postdoctoral fellowship positions spanning 9 specialties and areas of emphasis. The doctoral internship program has been fully APA-accredited since 1978 and currently accepts 8 interns per year. Practicum training is typically offered to 15-18 students from local accredited doctoral programs annually. In addition to psychology trainees, fellows also may be exposed to trainees from a variety of other disciplines, including medical specialties, nursing, social work, pharmacy and other health care professions.

Program Administration

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Director, Psychology Training Program
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Accreditation Status

The postdoctoral fellowship program at the Milwaukee VAMC is fully accredited by the Commission on Accreditation of the American Psychological Association.

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242
Phone: (202) 336-5979

The next site visit will be during the Fall 2023/Winter 2024 cycle.

Application and Selection Procedures

A candidate for a fellowship must be a U.S. citizen who, by the beginning of the fellowship year, will have completed an APA-accredited doctoral program in clinical or counseling psychology and an APA-accredited doctoral internship program. In reviewing applicants to the program, we look for candidates with solid backgrounds in both assessment and psychotherapy whose background and experience is consistent with the area to be emphasized in the fellowship. Relevant research experience is a factor in selection, though relevant clinical experience is typically weighed more heavily.

The Milwaukee VA Medical Center, in its commitment to Equal Opportunity Employment and Affirmative Action along with an emphasis on multicultural competence and inclusion, encourages applications by individuals of diverse backgrounds, including minorities, women and persons living with disabilities. Male applicants must have registered for the Selective Service to be eligible for appointment. Those who are selected for our program are also subject to fingerprinting and background checks with appointment contingent on passing these screens. Additional information on eligibility requirements can be found at <https://www.psychologytraining.va.gov/eligibility.asp>.

The following application material is required:

1. A CV which describes the nature and extent of your previous clinical, academic, and research experience.
2. A cover letter describing your major interests and career objectives, including any particular areas you would wish to emphasize during the fellowship year. If you are applying for more than one area of emphasis, you may submit separate cover letters for each area to which you are applying or may combine in one letter.
3. At least three letters of recommendation from people familiar with your clinical work, at least one of which must be from one of your doctoral internship supervisors.
4. A letter of support from your internship Training Director indicating that you are in good standing to complete your internship and the expected completion date. If you have already completed the internship you can send a copy of your internship certificate.
5. A graduate transcript.
6. If your transcript does not show the granting of the doctorate, a letter from the graduate program should be submitted indicating your current status in the program and the timeline for completing the remaining program requirements. This letter should attest that all degree requirements are expected to be completed prior to the fellowship start date.

Application material should be submitted through the APPIC online application system for postdoctoral programs (APPA CAS). The applicant portal can be accessed with the following link: <https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

Application Deadline:

All materials must be received by **December 15th.**

Interviews:

Invitations to interview will be extended by early January. Interviews will only be conducted virtually per APPIC guidelines.

Selection:

In accordance with APPIC guidelines, the Milwaukee VA fellowship program adheres to the Common Hold Date (CHD):

[Postdoctoral Selection Standards \(appic.org\)](https://www.appic.org/postdoctoral-selection-standards)

For recruitment of 2023-2024 fellowship class, the CHD is February 27, 2023. The program will make offers to top choice candidates for each fellowship position as soon as we have completed interviews. Our goal will be to complete interviews by February 3, 2023, and to make offers on February 6, 2023. Per APPIC guidelines, candidates can hold one offer at a time until 9:00 AM CST on the CHD.

Substance Free Workplace:

The VA is committed to ensuring a substance free workplace. Information about random drug testing procedures can be found here: https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf

COVID-19:

The COVID-19 pandemic undoubtedly has affected many aspects of healthcare delivery and training. Our program has endeavored to minimize that impact to the best of our ability and to continuously evolve our approach as new information is available and developments occur. Psychology fellows are expected to begin the training year onsite full-time to afford sufficient acclimation to the environment, establishment of training goals, assessment of entry level skills, and maximum opportunity for rich clinical experiences. Many of our meetings are now held virtually and likely will continue to be for the foreseeable future. It is possible that circumscribed (i.e., 1-2 days per week) telework and remote access privileges will be available once a training sequence is established; this will be determined via ongoing discussions between the Director of Training, the Training Committee, and Mental Health Division leadership.

Fellows are expected to abide by all of the facility's health and safety requirements, including the mask mandate, which currently specifies that all employees must wear a VA-issued surgical

mask while inside VAMC health care buildings. VA face shields and/or goggles are available for those who wish to wear them, and may be required in certain high risk settings.

As of August 13, 2021, the U.S. Department of Veterans Affairs mandates that all VA health care personnel, including psychologists and psychology trainees, be vaccinated for COVID. Fellows are eligible to receive the vaccine at the VAMC unless they prefer to do so elsewhere. Similar to the influenza vaccine, all health professions trainees training in a VA facility must be fully vaccinated or have an exemption on file.

Stipend and Benefits

The fellowship is scheduled to begin on August 14, 2023.

The current stipend for first-year fellows is \$48,336. For second-year fellows, the stipend is \$50,948.

Fellows receive 13 days of annual leave and up to 13 days of sick leave per year. In addition, excused absence is typically granted for professional activities such as attendance at conferences or workshops and taking the licensing examination. There are also 11 paid federal holidays. Fellows are eligible for health insurance at the same rates available to other full-time federal employees.



Psychology at the Milwaukee VAMC

The Milwaukee VAMC is a large 1A facility with 59 psychologists, along with an additional 15 psychologists located at our affiliated Community Based Outpatient Clinics (CBOCs). The Milwaukee VA is organized into large interdisciplinary patient care divisions. Most staff psychologists are appointed within the Mental Health Division; three have appointments within the Spinal Cord Injury Division and one in the Primary Care Division. One of the Mental Health Division Managers is a psychologist, and the Lead Psychologist/Director of Training and six psychologists who function as Mental Health Program Managers serve on the Mental Health Division Leadership team. Many of the staff psychologists hold faculty appointments in the Department of Psychiatry and Behavioral Medicine and/or the Department of Neurology at the Medical College of Wisconsin.

Psychological services are provided throughout the medical center; a comprehensive range of psychotherapy, assessment, and consultative services is provided across the continuum of care, including inpatient, outpatient, residential, and home based settings. Staff psychologists also are involved in a variety of research and program evaluation activities.



Training Model and Program Philosophy

The fellowship is rooted in the scholar-practitioner tradition. Training primarily occurs within the context of the delivery of psychological services, and training needs always take priority over service needs. The objective of the fellowship program is to provide the environment and experience that will promote in-depth development of advanced competencies in each area of concentration, with the goal of preparing fellows for independent practice. Each fellowship track is organized around a core of clinical experiences, but allows some flexibility in pursuing individual clinical, educational, or research goals.

The program is primarily experiential, with the supervisory process as the core of the training approach. The supervisory process includes the occasion to observe skilled psychologists practice their profession, opportunities for in-depth discussion of professional, theoretical, and

ethical issues, and the benefits of receiving training from and having one's work evaluated by experienced clinicians. Recognizing the importance of scientific inquiry to professional practice, psychologists are expected to be aware of empirically validated procedures and current scientific evidence as it impacts practice, and to incorporate this information into the supervisory process. Seminars, case conferences, and other continuing education activities throughout the medical center further contribute to the integration of science and practice. The intent of the program is to produce scientifically-informed, multiculturally competent practitioners with the ability to think critically about the relevant theoretical and empirical literature and to creatively apply these findings to clinical practice.

Core Competencies

The Milwaukee VAMC provides training in concordance with APA advanced competencies, including ethical and legal standards; professional values and attitudes; communication and interpersonal skills; individual and cultural diversity; psychological assessment; psychological intervention; consultation and interprofessional/interdisciplinary skills; research/program evaluation; and clinical supervision and teaching. Each area of concentration provides an array of training experiences in order to address the aforementioned competencies.

Program Structure and Training Experiences

Areas of Concentration and Fellowship Track Preceptors:

The Milwaukee VAMC offers advanced training in clinical psychology within 9 areas of concentration, each with a preceptor who functions as the fellow's individual supervisor throughout the training year, with additional supervision from other faculty depending on the training experiences elected.

Geropsychology

Inpatient Emphasis: Weston Donaldson, Ph.D., ABPP

Outpatient Emphasis: Allison L. Jahn, Ph.D.

LGBTQ+ Affirmative Health Care

Gregory Simons, Ph.D.

Neuropsychology*

Eric Larson, Ph.D., ABPP

*Please see separate Neuropsychology Fellowship brochure for additional information:

[Psychology Training Program | VA Milwaukee Health Care | Veterans Affairs](#)

Outpatient PTSD

Catherine Coppolillo, Ph.D.

Palliative Care

Amy M. Houston, Psy.D.

Primary Care/Mental Health Integration

Leticia Vallejo, Ph.D.

Psychosocial Rehabilitation and Recovery

Alison Minkin, Ph.D. & Sandra Regan, Ph.D.

Residential Rehabilitation

Michael L. Haight, Psy.D.

Women's Health

Colleen Heinkel, Ph.D.

Orientation:

At the outset of the training year, fellows meet with their preceptors to develop an initial individualized plan for the fellowship year with specific goals and activities. An orientation sequence is offered in order to familiarize fellows with available training rotations both within and outside of their area of emphasis. Fellows have the opportunity to spend up to 25% of their time in an adjunctive training experience outside of their main concentration.

Supervision:

Fellows engage in both group and individual supervision. Fellows also gain competency in the provision of supervision to a practicum student over the course of the training year.

Individual Supervision: Individual supervision is provided by the major preceptor, with the potential to receive additional supervision from other staff psychologists, depending on elected/adjunctive rotations. Fellows receive at least 2 hours of individual supervision per week.

Group Supervision: This is a weekly 1.5-hour meeting for fellows to discuss challenging cases, explore ethical issues that arise, and get feedback from their peers. Additionally, group supervision offers the opportunity to engage in professional development discussions.

Providing Supervision to Trainees: Over the course of the year, fellows provide clinical supervision to a psychology practicum student in their area of emphasis. In turn, fellows receive supervision of their developing supervisory skills in both individual and

group supervision. During the second half of the year, psychology interns assume some responsibilities in the provision of supervision to practicum students. Fellows provide lateral supervision to interns, regarding their supervision of practicum students.

Didactics:

In addition to the didactics offered through each specific area of concentration, fellows participate in a Multi-Site Diversity Video Teleconference Series, during which the Milwaukee VAMC connects with other VA fellowship sites to participate in a series of presentations that focus on different areas of multicultural competence.

Program Development/ Evaluation Project:

All fellows complete a project involving program development or program evaluation during their training year. Projects vary based on each fellow's area of concentration and specific interests. Some examples of recent projects include developing and evaluating a support group for the caregivers of patients with dementia, evaluating the mental health division's central intake unit, evaluating the use of mindfulness-based therapy for palliative care patients and staff, evaluating the efficacy of a parenting group for Veterans with PTSD, and a feasibility study of substance abuse assessment and treatment for elderly medical inpatients.

EPPP Preparation:

Fellows who are meeting all requirements and performing satisfactorily are allotted up to 4 hours per week to study for the EPPP. However, it is important to note that clinical training needs take precedence.

Emphasis on Diversity:

The Milwaukee VA serves a diverse population of Veterans. The psychology training program emphasizes the importance of diversity in all aspects of training. In addition to the diversity video teleconference series, many trainees participate in the Psychology Diversity Workgroup.

The **Psychology Diversity Workgroup, or ADAPT (Advancing Diversity Across the Psychology Team)**, comprises psychology staff, postdoctoral fellows and doctoral interns working collaboratively to ensure the development and exercise of a multiculturally-focused program within psychology. ADAPT meets monthly and seeks to promote increased awareness, knowledge and skills related to culturally competent clinical practice, by providing education, opportunities for dialogue, and experiential training opportunities.

A variety of activities have been initiated since the creation of ADAPT including a brief multicultural education series for the psychology staff, a diversity passport program aimed at increasing engagement in diversity related events, and multicultural trainings on assessment, therapy, and supervision. ADAPT also provides consultative services to the psychology staff for

multicultural issues. Additionally, a Rapid Response Team regularly disseminates information and resources related to multicultural current events that may impact functioning of patients and staff. Fellows are invited to take an active role on the committee in terms of helping to advance the training, consultative and advocacy goals of ADAPT. They also are welcome to elect a training experience in Culturally Responsive Practice should doing so align with their individualized training goals for the fellowship year.

Research Opportunities:

Fellows have opportunities to participate in ongoing research projects, including collaborating with other trainees and staff on group research projects and manuscripts. There are currently ongoing research programs within the PTSD Clinic, Geropsychology/Geriatrics, and Neuropsychology. Program evaluation studies also are ongoing in a number of treatment programs. The **Psychology Research Workgroup** comprises psychology staff and trainees who are interested in incorporating scholarly activity into their practice. This group meets monthly and provides a collaborative and supportive professional environment for psychologists to explore research-related interests, problem solve research-related challenges in the VA, and collaborate on projects.

Requirements for Completion

Each clinical supervisor rates fellow abilities in the advanced core competency areas on the Fellowship Evaluation Form. Fellow progress is also discussed by the training faculty in the monthly reviews of trainee performance. To successfully complete the fellowship, the intern must have achieved an overall rating of “Competent for Independent Practice” in all advanced core competency areas.

Facility and Training Resources

With one exception, each fellow has a private office. The Primary Care/Mental Health Integration fellow shares an office with other members of the interdisciplinary training program based in the primary care clinic. In addition, larger rooms are available for conferences or for group or family therapy. The Medical Center maintains a medical library with more than 9,000 volumes and subscriptions to more than 500 periodicals. The Library has ample literature search programs and an interlibrary loan section. The Fellow will also have access to the Library of the Medical College of Wisconsin with more than 76,000 volumes and 2,700 subscriptions.

Administrative Policies and Procedures

We collect no personal information about potential applicants when they visit our website.

Fellows have the same options available to other VA employees including the station's Equal Employment Opportunity and Affirmative Action programs. Comprehensive policies and procedures for addressing performance problems and fellow grievances are contained in the fellowship training manual.

It is expected that fellows will differ in the extent to which they require training in the expected competencies. It is further expected that there may be instances where a fellow's behaviors, attitudes, or other characteristics impact the learning process, relationships with others, and/or patient care. These issues are typically addressed in supervision.

Fellowship Tracks

Geropsychology: Inpatient Emphasis

Track Coordinator: Weston Donaldson, Ph.D., ABPP
Phone (414) 384-2000 x41672
Email: Weston.Donaldson@va.gov

Overview

The Inpatient Geropsychology Fellowship training track offers opportunities for fellows to provide a broad range of mental health services throughout the different areas of the Community Living Center (CLC). Fellows will operate as an integral part of multiple interdisciplinary treatment teams, conduct assessments, provide feedback, engage Veterans and family members in psychotherapy, develop and implement behavior management plans, and work closely with interdisciplinary treatment team members.

We offer a flexible approach to training; fellows are allotted the opportunity select specific cases in order to address training needs. This allows fellows to round out their training and move towards independent practice, while still providing the opportunity to receive feedback and consult on challenging cases.

Goals

The fellowship program seeks to develop future geropsychologists in accordance with the Pikes Peak Model of Geropsychology Training and provides experiences in preparation for future board certification in Clinical Geropsychology through the American Board of Professional Psychology (ABPP).

Core Clinical Settings

Community Living Center (CLC). The CLC is a 113-bed health care facility that has an emphasis on interdisciplinary clinical care, training, education, and research. This setting provides the opportunity for the fellow to learn a full range of geropsychological skills in an environment that emphasizes interdisciplinary collaboration. Fellows serve as an integral part of the interdisciplinary treatment team and attend weekly care plan meetings. Assessment and intervention needs vary based on the particular unit and Veterans admitted to the unit, but typically include psychodiagnostic evaluations, cognitive assessments, decision-making capacity evaluations, psychotherapy for Veterans and family members, and group psychotherapy. Additionally, Psychology is frequently consulted to develop and implement resident-specific behavioral management programs to address behaviors related to neurocognitive disorders and other mental health diagnoses.

The CLC consists of several units and programs, including:

Transitional Care (TC) Unit. The TC unit consists of 40 beds dedicated to short-term rehabilitation, post-surgical care, wound healing, and complicated medical convalescence.

Long-Term Care Unit. The CLC includes approximately 20 long-term care beds in a more traditional nursing home environment for Veterans with a variety of conditions including Huntington's disease, multiple sclerosis, major neurocognitive disorders, schizophrenia and other mental health diagnoses.

Community Homes. In addition to the traditional nursing home setting, the Milwaukee VA features 3 freestanding homes, each with 10 bedrooms, which house longer term TC Veterans who are awaiting guardianship and placement, as well as Veterans in long-term care.

In addition, the fellow is a member of the **Geriatrics Consultation Team** along with geriatricians, geropsychologists, and staff from other disciplines, fielding consults for older adult Veterans on medical and critical care inpatient units throughout the medical center who present with complex clinical care needs such as behavioral disturbances associated with major neurocognitive disorders, delirium, uncertain decision-making capacity, and/or mental health conditions affecting the acute medical concerns.

Supervision, Teaching, Research Opportunities, Didactics and Elective Training Experiences
Supervision. The fellow serves as the primary supervisor for a practicum student from a local doctoral program for the training year. In addition, they provide lateral supervision to interns who also provide supervision to the practicum student.

Teaching. The Geropsychology fellow will provide staff education throughout the training year. Potential opportunities include:

- Presenting at the weekly interdisciplinary Geriatrics Journal Club and Research Seminar.
- Monthly didactic presentations on decision-making capacity assessment for the GEM unit medical residents and fellows.
- Geriatric focused presentations for MCW psychiatry residents
- Education to nursing staff and/or treatment team members regarding managing disruptive behaviors and other geropsychology related topics.

Research. Fellows may elect to participate in ongoing research projects within Geriatrics and Geropsychology depending on the fellow's interests and training goals. Recent examples include:

- Paper-in-a-day work groups
- Utilizing archival data to develop poster presentations for national conferences

- Original data collection studies in areas such as decision-making capacity assessment, palliative care, and staff support

Didactics. There are a wide variety of geropsychology-specific didactics available for trainees to attend.

- Required Didactics:
 - Monthly Geropsychology Seminar/Case Conference/Group Supervision with Geropsychology supervisors, postdoctoral fellows, and interns.
 - Multi-site Geropsychology Post-Doctoral Seminar: weekly seminar that covers a wide array of topics pertinent to geropsychology.
 - Geriatrics Journal Club/Research Seminar/Interdisciplinary Case Conference: weekly interdisciplinary didactic along with geriatricians, residents and students completing a monthly GEM rotation, and other disciplines.
 - VA Neuropsychology Case Conference: weekly case conference devoted to review of neuropsychological cases in a format that is similar to ABPP/ABCN board exams. Once per month, a geriatric neuropsychology case will be presented, at which the Geropsychology fellow's attendance is required.
- Recommended Didactics:
 - Monthly VA Geropsychiatry Case Conference: Case discussions presented by PGY 2 psychiatry residents. Cases are chosen that have emphasis on either pharmacological treatment or psychotherapy/psychosocial treatment.
 - VA Neuropsychology Journal Club: Monthly discussion that is attended by neuropsychology faculty, interns, practicum students, and fellows.
 - MCW Neuropsychology Didactic Series: Taught by neuropsychology faculty and fellows at MCW. This series reviews common neurobehavioral syndromes, neuropathology, neuroanatomy, and other topics relevant to board certification in neuropsychology and the practice of professional psychology.
 - VA Psychology Intern Seminar Series: Two lectures per week with varying topics of psychological interest.
 - VA Grand Rounds: A hospital-wide conference offered monthly and geared for primary care and residency level education.
 - Zablocki Rounds: A monthly panel presentation in which treatment teams discuss challenging cases and emotional reactions to the case.

Elective Training Experiences

The geropsychology fellow may elect minor training experiences from a variety of areas, including but not limited to: Home Based Primary Care, Palliative Care, Neuropsychology, Suicide Prevention, Individualized Addictions Consultation Team, LGBTQ+ Affirmative Health Care, Culturally Responsive Practice, and Primary Care Mental Health Integration. Please see elective training rotation section and/or relevant track section for additional information.

Geropsychology: Outpatient Emphasis

Track Coordinator: Allison L. Jahn, Ph.D.
Phone: 414-384-2000 x46730
Email: allison.jahn@va.gov

Overview

The Outpatient Geropsychology Fellowship track offers a flexible approach to training in which fellows provide assessment, intervention, and consultation through an interdisciplinary outpatient team. The flexible approach to training allows fellows to emphasize certain aspects of training and select specific minor rotations to reach their training goals. Our goal is to ready our fellows with foundational skills for professional practice to serve in the many settings where older adults receive care.

Goals

The fellowship program seeks to develop future geropsychologists in accordance with the Pikes Peak Model of Geropsychology Training and provides experiences in preparation for future board certification in Clinical Geropsychology through the American Board of Professional Psychology (ABPP).

Core Clinical Settings

- I. *Outpatient Mental Health Clinic.*** This clinic provides outpatient intake and treatment services for older adults. Treatments are directed towards evidence-based models and therapy modifications to promote greater access for older adults. We aim to deliver time-limited treatment models, provide coordination of care with other hospital services, complete cognitive and mood screening measures to track and enhance treatment outcomes, and offer caregiver support. In some cases, a behavioral health approach and case management are used to facilitate care for those with complex medical problems and neurocognitive disorders. In addition to individual therapy, psychotherapy groups, including Healthy Aging, Reminiscence, Healthy Sleep, and Mindfulness/Relaxation, are offered. Given the flexible nature of the fellowship and desire to promote development as a professional, fellows set their schedule with regard to seeing patients and managing their caseload with consultation from their supervisors. Fellows are welcome to participate in weekly, optional interdisciplinary team meetings.
- II. *Geropsychiatry Clinic:*** These half-day outpatient clinics meet twice weekly to provide ongoing psychiatric assessment and treatment of older Veterans who present with a variety of mood, anxiety, and cognitive symptoms. The Geropsychology fellow will work closely with second year psychiatry residents and their attendings to provide assessment and psychotherapy for the patients who are referred to this clinic. These interactions range from consultation, education, brief assessment, co-therapy, and warm-handoffs. Fellows also provide in-clinic assessments based on the patients' presenting problems. These can include screening for cognitive, mood, and personality functioning. The fellow participates in a monthly geropsychiatry seminar/case

conference where he/she/they will present once during the year. This clinic often challenges the team to discern idiopathic psychiatric problems from underlying neurocognitive disorders. Thus, the fellow works to develop focused interviewing skills, multidisciplinary consultation, and aspects of cognitive assessment to help answer these questions.

- III. Centralized Assessment Unit:** Fellows will periodically complete in-depth assessments through the Centralized Assessment Unit. These can include medical decision-making capacity evaluations, transplant, or psychodiagnostic assessments for older adults.

Supervision, Teaching, Research Opportunities, and Didactics.

Supervision. The fellow serves as the primary supervisor for a practicum student from a local university for the training year. They also provide lateral supervision to interns who also provide supervision to the practicum student.

Teaching. The fellow will provide staff education throughout the training year. Potential opportunities include:

- Geriatric focused presentations for psychiatry residents
- Presentations at the weekly interdisciplinary Geriatrics Journal Club and Research Seminar.
- Monthly didactic presentations on decision-making capacity assessment for medical residents and fellows.
- Staff education and hospital outreach on topics including communication, behavioral management, and mental health diagnoses.

Research. Fellows may elect to participate in ongoing research projects within Geriatrics and Geropsychology at the VA or the Medical College of Wisconsin/Froedtert. This can include participation in the Paper in Day projects, use of archival data, collaboration with supervisors' ongoing projects, or initiation of a fellow's personal research interests.

Didactics. There are a wide variety of gero-specific didactics available for trainees to attend.

- Required Didactics:
 - Monthly Geropsychology Seminar/Case Conference/Group Supervision with Geropsychology supervisors, postdoctoral fellows, and interns.
 - Multi-site Geropsychology Post-Doctoral Seminar: Weekly seminar that covers a wide array of topics pertinent to geropsychology.
 - VA Geropsychiatry Case Conference: Monthly case discussions presented by PGY 2 psychiatry residents. Cases are chosen that have emphasis on either pharmacological treatment or psychotherapy/psychosocial treatment.
 - Geropsychology Seminar: Monthly case consultation and seminar series for local psychologists and other mental health providers
- Recommended Didactics:

- VA Geriatric Case Conference and Journal Club: Weekly didactics with medical residents that include discussion of journal articles and Case discussions.
- VA Neuropsychology Case Conference: Weekly case conference devoted to review of neuropsychological cases in a format that is similar to ABPP/ABCN board exams.
- VA Neuropsychology Journal Club: Monthly discussion that is attended by neuropsychology faculty, interns, practicum students, and fellows.
- MCW Neuropsychology Didactic Series: Taught by neuropsychology faculty and fellows at MCW. This series reviews common neurobehavioral syndromes, neuropathology, neuroanatomy, and other topics relevant to board certification in neuropsychology and the practice of professional psychology.
- VA Grand Rounds: A hospital-wide conference offered monthly and geared for primary care and residency level education.
- Zablocki Rounds: A monthly panel presentation in which treatment teams discuss challenging cases and emotional reactions to the case.
- VA Directed Webinars: Promising Practices for Aging Veterans, Care for Patients with Complex Problems, Div. 18 VA Section

Elective Training Experiences

The geropsychology fellow may elect minor training experiences from a variety of areas, including but not limited to: Inpatient Geropsychology settings, Home Based Primary Care, Primary Care Mental Health Integration, Palliative Care, Neuropsychology, Suicide Prevention, Individualized Addictions Consultation Team, LGBTQ+ Affirmative Health Care, Culturally Responsive Practice, and Primary Care Mental Health Integration. Please see elective training rotation section and/or relevant track section for additional information.

LGBTQ+ Affirmative Health Care

Track Coordinator: Gregory Simons, Ph.D.
Phone: (414) 384-2000 ext. 46844
Email: Gregory.Simonsjr@va.gov

Overview

The LGBTQ+ Affirmative Health Care Postdoctoral Fellowship is a year-long training opportunity focused on the provision of mental health services to Sexual and Gender Minority (SGM) Veterans. The position is primarily clinical, but also involves interdisciplinary trainings, consultation, program development/evaluation and outreach.

Goals

- Increase knowledge and experience working with members of the LGBTQ+ community.
- Familiarity with standards of care for working with transgender and gender nonconforming/non-binary/genderfluid Veterans.
- Advocate for LGBTQ+ Veterans within the medical system and maintain an environment where Veterans feel safe, understood and well cared for.
- Develop and present educational programs for staff.
- Serve as a liaison between the VA Medical Center and community organizations.

Core Clinical Settings

Outpatient Mental Health, Infectious Disease (ID) Clinic.

Core Experiences for the Fellow in LGBT Health Care:

The fellow will coordinate consults through the LGBTQ+ affirmative healthcare referral system. They will facilitate an ongoing support group: the Living Rainbow Connection (LRC) group. The fellow will provide individual, couples, and family therapy to LGBTQ+ identified Veterans, as well as conduct readiness evaluations for Veterans seeking gender transition services such as hormone replacement therapy and/or gender-affirming surgery. They will be embedded in the Infectious Disease clinic as the mental health liaison one half-day per week. The fellow will be available to consult with and provide education to various departments including primary care, the domiciliary program, and medical inpatient units. In addition to their clinical experiences, the fellow will participate in the Equal Employment Opportunity (EEO) LGBTQ+ Special Emphasis Program (SEP), that meets monthly to plan events to promote LGBTQ+ awareness among VA employees including June Pride month, July Diversity Fair, and October LGBTQ+ History Month. Additionally, the fellow will provide clinical supervision to a dedicated practicum student.

Elective Training Experiences

The LGBT fellow may elect minor training experiences from a variety of areas, including but not limited to: PTSD Outpatient Clinic, Residential PTSD Clinic, Suicide Prevention, Individualized Addictions Consultation Team, Culturally Responsive Practice and Primary Care

Mental Health Integration. Please see elective training rotation section and/or relevant track section for additional information.

Outpatient PTSD

Track Coordinator: Catherine Coppolillo, Ph.D.
Phone: 414-384-2000, x42449
Email: catherine.coppolillo@va.gov

Overview

The Outpatient PTSD fellowship is housed within the PTSD Clinical Team (PCT), which provides treatment using both evidence-based approaches such as Cognitive Processing Therapy, Prolonged Exposure and EMDR, as well as longer-term, integrative interventions using cognitive-behavioral, interpersonal and dynamic approaches. Fellows have the opportunity to gain experience with both manualized and longer-term approaches to treating post-trauma reactions, as well as with individual, group and couples' treatment.

Fellows work with Veterans from multiple eras, with varying types of traumatic experiences. Training emphasizes group and individual treatment of PTSD, as well as treatment of common comorbid conditions such as depressive disorders, substance use disorders and personality disorders. Throughout the year, the fellow becomes an integral member of the PCT and will also rotate with the Evidence-Based Treatment Clinic and the Suicide Prevention Team. Fellows will also provide clinical supervision to a practicum student for the year.

Goals

- Gain experience in working with a broad array of post-trauma clinical presentations across multiple eras, utilizing both shorter-term, manualized interventions and longer-term, more integrative approaches.
- Provide trauma-informed group, individual and couples/family psychotherapy.
- Gain familiarity and experience in helping recently deployed veterans manage the reintegration difficulties they may face.
- Become proficient at both interview-based and instrument-based assessments to provide diagnostic clarity and inform treatment planning.

Clinical Settings

Major Rotation: PTSD Clinical Team.

The PTSD Clinical Team (PCT), provides assessment and treatment services for Veterans seeking care for PTSD and other psychological conditions resulting from military experience. Referrals to the team often have complex clinical presentations, with multiple comorbidities that may make them less suitable for manualized intervention. Thus, the PCT offers both shorter-term, manualized interventions such as Cognitive Processing Therapy and Prolonged Exposure, as well as longer-term, integrative approaches to treating PTSD. Fellows can expect to gain experience with both modalities. Cognitive-behavioral, psychodynamic, and interpersonal perspectives are utilized to inform case formulations and treatment planning. The clinic also provides opportunities for experience with specialized treatment of co-morbid

PTSD and substance abuse disorders. Assessment opportunities include interview-based intake assessments as well as battery-based assessments for diagnostic clarification and treatment planning. Fellows participate in bi-weekly team meetings.

Secondary Rotation: Evidence-Based Treatment Clinic

The fellow will gain experience in the evidence-based treatment of PTSD, utilizing Cognitive Processing Therapy (CPT) and/or Prolonged Exposure (PE). Opportunities may exist to gain experience with other approaches, such as EMDR and Written Exposure Therapy. The fellow will also attend weekly team meetings for staffing and program development. The fellow will have the option of completing a 2-day training workshop in CPT with Dr. Thomas, who is a VISN 12 CPT Regional Trainer and Consultant, followed by 6 months of case consultation, leading to VA recognized certification in CPT by the end of the fellowship year.

Secondary Rotation: Suicide Prevention

The fellow will receive training and experience in the evidence-based assessment of suicidal risk, will complete intake assessments with suicidal and depressed patients, and will see selected patients for group and/or individual intervention and management of suicidal ideation. The fellow will gain experience with CAMS model of suicide assessment and treatment, as that model is used extensively by the team. The fellow will also become familiar with system-wide efforts to track parasuicidal activity and to develop a system to alert providers regarding potential risks.

Supervision, Research Opportunities, and Didactics

Supervision: Fellows serve as the primary supervisor for a practicum student from a local university for the training year. They also provide lateral supervision to interns who also provide supervision to the practicum student.

Research: All fellows complete a program evaluation project, which is described elsewhere in this brochure. Additionally, fellows have the option of taking part in a range of research activities using archival or original data, should they so wish.

Didactics: In addition to the didactics offered through each specific area of concentration, fellows participate in the following didactics:

- Multi-Site Diversity Video Teleconference Series: During this monthly series, the Milwaukee VA connects with other VA Fellowship sites and provides education about different topics involving diversity.
- Fellowship Seminar Series: During this weekly didactic series, each fellow takes lead on presenting information specific to their area of concentration. Fellows present case examples, journal articles, and topics specific to their area of concentration.
- Fellows may also choose to participate in the intern seminar series, which meets twice a week for 90 minutes and covers a broad range of topics.

Elective Training Experiences

The PTSD fellow may elect to spend up to 25% of their time pursuing minor training experiences from a variety of areas. Past fellows have sought out training experiences through the Residential PTSD program, Women's Health, LGBTQ+ Affirmative Health Care, IMHAC and the DBT Consultation program. Please see elective training rotation section and/or relevant track section for additional information.

Palliative Care

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Overview

The Palliative Care Fellowship is part of the VA Interprofessional Fellowship Program in Palliative Care. Fellows will serve as an integral part of the inpatient palliative care treatment team and provide mental health services to Veterans at end-of-life, as well as Veterans with cancer, who are actively engaged in treatment. Fellows will also provide outpatient mental health services to Veterans and their families through outpatient palliative care, ALS clinic, and bereavement services.

Goals

- Gain working knowledge of cancer diagnoses and treatments
- Develop a flexible approach to assessment and treatment based on the needs of the patient and the unit.
- Develop skills and confidence in communicating and collaborating with treatment team members

Core Clinical Settings

Palliative Care Unit (PCU). The PCU is an 18-bed inpatient unit serving Veterans with end-stage diseases (>90% cancer), and those undergoing palliative radiation or chemotherapy but who expect to return home upon conclusion of treatment. There are approximately 200 admissions each year, with an average length of stay of about two months. Upon admission, each patient undergoes a comprehensive interprofessional evaluation focused on the patient's physical, emotional, social, and spiritual needs. The team reviews the data from these initial assessments and develops a comprehensive, individualized plan of care.

The core function of the PCU is interdisciplinary teamwork. Team members work daily in close collaboration among themselves and with the patients and their families. The team meets twice weekly to review patients. Psychological services provided on the PCU include: psychodiagnostic evaluations, assessment of decision-making capacity, individual and group psychotherapy, development of behavior management plans, grief support for patients, families and staff, and staff consultation.

Palliative Care Consultation Team (PCCT). The PCCT provides consultation within 24 hours for outpatients and inpatients throughout the Milwaukee VAMC. The core team is comprised of a medical director and nurse case manager. The palliative care social worker and the psychologist respond to consults as needed, and occasionally geropsychiatry and/or medicine residents also staff the team. The PCCT addresses issues such as admissions and transfers to

the PCU, pain management and symptom control, referral to community resources for palliative or hospice care, and psychosocial and spiritual issues related to end-of-life care.

Outpatient Palliative Consultation. Psychology is frequently consulted by medical oncology and radiation oncology clinics. Reasons for consults include: Veterans struggling with side effects from treatments, pre-existing mental health issues that hinder compliance with treatment recommendations, existential distress, and coordinating interventions with clinic staff.

ALS Clinic. This interdisciplinary outpatient clinic serves Veterans with amyotrophic lateral sclerosis (ALS). Veterans with ALS are seen and evaluated by multiple professionals including a neurologist, physical therapist, occupational therapist, respiratory therapist, social worker, and dietician. The psychology fellow has an active role on the treatment team, completing evaluations to monitor mood and evaluate cognition, as well as providing support and offering coping strategies to the Veteran and family members. Follow-up outside of clinic is provided, as needed.

The Grief and Bereavement Program. The VA offers bereavement services to friends and family of Veterans who died in the hospital. Fellows have the opportunity to provide individual and/or group psychotherapy to address grief and bereavement.

Medical College of Wisconsin Palliative Care Program. Fellows have the opportunity to round with palliative psychologists at the Medical College of Wisconsin. This rotation diversifies trainees' experience with regards to client population as well as setting. There are training experiences in the Bone Marrow Transplant Unit as well as inpatient and outpatient palliative work.

Supervision, Teaching, Research Opportunities, and Didactics.

Supervision. Fellows serve as the primary supervisor for a practicum student from a local university for the training year. They also provide lateral supervision to interns who also provide supervision to the practicum student.

Teaching. The palliative fellow will provide staff education throughout the training year. Potential opportunities include:

- Learning Circles in which trainees discuss topics relevant to psychology with the interdisciplinary treatment team.
- Staff education and hospital outreach on topics including communication, behavioral management, and mental health diagnoses.

Research. Fellows may elect to participate in ongoing research projects including participation in the Paper in Day projects, use of archival data, collaboration with supervisors' ongoing projects, or initiation of a fellow's personal research interests.

Didactics. There are a wide variety of relevant didactics available for trainees to attend.

- Required Didactics:

- Multi-site Geropsychology Post-Doctoral Seminar: Weekly seminar that covers a wide array of topics pertinent to geropsychology.
- Hospice and Palliative Medicine Lecture Series: Weekly seminar at Froedtert with social work and palliative physician fellows.
- Recommended Didactics:
 - VA Geriatric Case Conference and Journal Club: Weekly didactics with medical residents that include discussion of journal articles and Case discussions.
 - VA Neuropsychology Case Conference: Weekly case conference devoted to review of neuropsychological cases in a format that is similar to ABPP/ABCN board exams.
 - VA Neuropsychology Journal Club: Monthly discussion that is attended by neuropsychology faculty, interns, practicum students, and fellows.
 - MCW Neuropsychology Didactic Series: Taught by neuropsychology faculty and fellows at MCW. This series reviews common neurobehavioral syndromes, neuropathology, neuroanatomy, and other topics relevant to board certification in neuropsychology and the practice of professional psychology.
 - VA Psychology Intern Seminar Series: Two lectures per week with varying topics of psychological interest.
 - VA Grand Rounds: A hospital-wide conference offered monthly and geared for primary care and residency level education.
 - Zablocki Rounds: A monthly panel presentation in which treatment teams discuss challenging cases and emotional reactions to the case.
 - Multiple VA Directed Webinars: VA Boston's Assessment of Decision Making Capacity, Care for Patients with Complex Problems, Div. 18 VA Section, Meeting the Mental Health Needs of Aging Veterans: Research and Practice

Elective Training Experiences

The palliative fellow may elect minor training experiences from a variety of areas, including but not limited to: Home Based Primary Care, Palliative Care, Neuropsychology, Individualized Addictions Consultation Team, LGBTQ+ Affirmative Health Care, Culturally Responsive Practice and Primary Care Mental Health Integration.

Primary Care/Mental Health Integration

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Overview

The Primary Care-Mental Health Integration psychology fellowship offers focused training in integrated behavioral healthcare. The fellow operates in an interprofessional training setting and serves as an integral part of interdisciplinary treatment teams within the primary care clinics. Clinical training involves brief assessment and intervention in a time-limited therapy model with an emphasis on measurement-based care. The psychology fellow has the opportunity to work with a wide array of presenting concerns including mental health disorders, cognitive disorders, substance use/abuse, perinatal mental health concerns, health behavior change, and sleep disorders. Additionally, the psychology fellow serves in a leadership role within our training team, which includes a psychology practicum student, social work intern, and pharmacy resident

Goals

- Serve as a member of the Gold Clinic PACTs and provide consultation regarding mental and behavioral health concerns to members of the primary care team
- Serve as a leader within the PC-MHI training team, including a psychology practicum student, social work intern, and pharmacy resident
- Develop proficiency in conducting brief functional assessment and brief psychotherapy
- Increase familiarity with brief evidence-based interventions that address common presenting concerns within the PC-MHI setting
- Develop proficiency in facilitating brief therapy groups and/or interdisciplinary behavioral health classes
- Develop skills in referral management and consulting with providers in primary care, as well as other mental health providers, to facilitate appropriate clinical care
- Work toward better understanding health disparities and cultural factors for minority and underrepresented populations and providing culturally informed behavioral health care within the primary care setting

Core Clinical Settings

Major Rotation: Primary Care-Mental Health Integration

This fellowship position is part of an interprofessional training program that is based in the Gold Clinic, one of five primary care clinics at the Medical Center. The Gold Clinic training team consists of a psychologist, a psychology postdoctoral fellow, a pharmacy resident, a psychology practicum student, and a social work student.

Primary Care clinics at the VA operate under the PACT (Patient Aligned Care Team) model, and consist of a team that includes the primary provider (MD or NP), RN, LPN, PharmD, dietician, health technician, medical support assistant, and social worker. The clinic provides comprehensive multidisciplinary health care, including health screening, education and counseling, and treatment of a broad range of medical conditions. The goal of the PC-MHI team is to assist Primary Care providers in managing common mental health concerns while facilitating referral to specialty mental health treatment when indicated. The team provides brief assessments and short-term follow up for primary care patients with a range of presenting problems, including mild-moderate depression, mild-moderate anxiety disorders, insomnia, sub-syndromal PTSD, alcohol misuse, and behavioral health concerns (e.g., weight management, medical treatment adherence). Brief cognitive assessment and capacity evaluations are also provided. Same-day access is emphasized, and patients are frequently seen on a walk-in basis or as a warm hand-off directly from another Primary Care provider. In addition, the PC-MHI team provides behavioral health and psychoeducational classes, often collaborating with other disciplines in PACT. The PC-MHI team is an active member of the PACT and participates in weekly staffings, monthly administrative meetings, and regular consultation with PACT members.

Secondary Rotation: Women's Health

This fellowship offers the opportunity to work in the Women's Health Primary Care clinic, offering PC-MHI services to women Veterans. Unique opportunities that may be available within this clinic include perinatal mental health assessment and intervention, participation in the interdisciplinary sexual health clinic, and bi-monthly women's health didactics.

Secondary Rotation: MOVE! Program

The MOVE! Program is an interdisciplinary group-based treatment program for Veterans with goals of weight management, lifestyle modification, and health behavior change. The fellow would have the opportunity to provide classes based on mental/behavioral health components of weight management and engage patients in ongoing goal-setting.

Secondary Rotation: Pain Psychology/Inpatient Health Psychology

This outpatient mental health service offers a rehabilitative, behavioral approach to promote adaptive adjustment to chronic pain conditions and to help individuals with chronic pain improve their functioning and quality of life. The program provides comprehensive evaluations, psychoeducational classes, involvement in the multidisciplinary Functional Restoration Program, cognitive-behavioral therapy for chronic pain, and relaxation training. It is primarily group-based and structured with an emphasis on skill development. There would also be opportunity to provide brief assessment and behavioral health interventions to patients on inpatient medical floors who are experiencing concerns such as anxiety, depression, and adjustment-related issues.

Secondary Rotation: Immediate Mental Health Access Clinic

The fellow can receive experience in addressing Veterans' acute mental health concerns in the Immediate Mental Health Access Clinic (IMHAC). A solution-focused crisis intervention

approach is utilized, which involves assessment of imminent concerns, risk assessment, brief intervention, and necessary collaborative care with allied disciplines including social workers, nurses, advanced practice nurses, physicians, and psychiatrists. Opportunities are made available to develop triage skills for suicide/homicide assessment, acute psychosis, admissions for inpatient psychiatric treatment, and discharges from the emergency department to the community.

Supervision, Teaching, and Research

Supervision. The PC-MHI fellow will take a leadership role on the trainee team. They will handle distribution of consults, provide clinical supervision for the psychology practicum student, and provide consultation as needed for the pharmacy resident and social work student.

Teaching. The PC-MHI fellow presents one journal club to the PC-MHI training team focusing on an area of interest related to integrated behavioral health. The fellow will also co-present 1-2 SCAN ECHO webinars to a primary care audience across VA facilities. These presentations typically focus on best practices for treating common presenting concerns seen in primary care-mental health integration settings. Depending on their interests, the fellow could also get involved with providing staff education to primary care team members, presenting interdisciplinary behavioral health classes for patients, or facilitating Whole Health initiatives.

Didactics. There is a weekly group supervision and seminar series provided for the PC-MHI training team. In addition to this core experience, psychology fellows also participate in the following didactics:

- Multi-Site Diversity Video Teleconference Series: During this monthly series, the Milwaukee VA connects with other VA Fellowship sites and provides education about different topics involving diversity.
- Fellowship Seminar Series: During this weekly didactic series, each fellow takes lead on presenting information specific to their area of concentration. Fellows present case examples, journal articles, and topics specific to their area of concentration.
- Fellows may also choose to participate in the intern seminar series, which meets twice a week for 90 minutes and covers a broad range of topics.

Research. All fellows complete a program evaluation project, which is described elsewhere in this brochure. Additionally, fellows have the option of taking part in a range of research activities using archival or original data, should they so wish.

Elective Training Experiences

The PC-MHI fellow may elect minor training experiences from a variety of areas, including but not limited to: Sleep Medicine Clinic, Pain Psychology, Women's Health Clinic, MOVE! Program (weight management), Smoking Cessation Clinic, Immediate Mental Health Access Clinic (Mental Health Urgent Care), and Culturally Responsive Practice.

Psychosocial Rehabilitation

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Overview

The psychology fellowship in Psychosocial Rehabilitation (PSR) and Recovery Services is part of a new interdisciplinary advanced fellowship program in PSR and one of only 9 such fellowships VA-wide. The psychology postdoctoral fellow will work alongside three other advanced fellows in Social Work, Vocational Rehabilitation, Psychiatry, and/or Nursing, providing recovery-oriented services to Veterans across the continuum of care at the Zablocki VA Medical Center. Fellows will work primarily with Veterans experiencing serious and persistent mental illness (SMI), with primary diagnoses including psychotic disorders, severe mood disorders, and severe Post-Traumatic Stress Disorder. The program will combine rich clinical training, interprofessional collaboration, advocacy, and didactic education to create future leaders in PSR and recovery-oriented services.

Core Clinical Settings

Primary clinical rotations are in the **Psychosocial Rehabilitation and Recovery Center (PRRC)** and **Mental Health Intensive Case Management Team (MHICM)**. The PRRC is a CARF-accredited program serving approximately 100 individuals with serious and persistent mental illness. Veterans participate in the program for an average of 18 months, engaging in psychotherapy, social skills training, recreation therapy, and community integration activities. MHICM provides intensive recovery-oriented mental health services to approximately 95 Veterans with severe mental illness. The goal of MHICM intervention is to enable Veterans to live meaningful lives in the community of their choosing. Staff in MHICM typically work with Veterans in their homes or other community settings. Staff in PRRC and MHICM include a psychologist, social workers, RNs, a recreation therapist, and peer support specialists. Vocational rehabilitation counselors are embedded with each team and supported employment is a significant component of programming.

Supervision, Teaching, and Research

The fellow will have the opportunity to master evidence-based clinical interventions for individuals with SMI (including Social Skills Training), assessment and diagnosis of SMI, treatment planning, and care coordination. A weekly didactic and group supervision will offer opportunities for ongoing education in principles of recovery, interdisciplinary teamwork, and assessment and clinical interventions. The fellow will also collaborate with the other PSR trainees in developing a quality improvement project for dissemination both locally and regionally. Finally, the fellow will provide clinical supervision for a doctoral psychology practicum student.

Residential Rehabilitation

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Overview

The Residential Rehabilitation fellowship is situated in Domiciliary 123 on the grounds of the medical center, adjacent to the hospital. The domiciliary is devoted to providing rehabilitation services to a population with various psychiatric and medical disabilities. There are 150 domiciliary beds including a separate unit for women Veterans. The domiciliary provides intensive six-week residential treatment to patients with psychiatric and/or other substance abuse problems. In addition to the general rehabilitation program (GEN), the domiciliary provides a PTSD Residential Treatment Program, Individualized- Addictions Consultation Team (I-ACT), Women's Program, and the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP).

Core Clinical Settings

GEN Residential Treatment Program serves Veterans who are typically dually-diagnosed with a mood and/or thought disorder as well as addiction issues. GEN is a group-based program, with offerings including but not limited to the following: ACT for Depression, Cognitive Strategies, Emotion Management, Grief, Bipolar Support and Psychoeducation, ACT for Pain, Motivational Enhancement, Stress and Anger Management, CBT for Relapse Prevention, Seeking Safety, Family Dynamics and Intimate Partner Violence.

PTSD Residential Treatment Program is a six-week, residential treatment program for Veterans of all eras struggling with PTSD related to military trauma. The program provides active, trauma-focused treatment in a structured, residential setting. While all residents must have a primary diagnosis of PTSD related to military stressors, co-morbid diagnoses such as depression and substance abuse are common. The program emphasizes group-based cognitive behavioral treatment, and incorporates elements of Cognitive Processing Therapy, Prolonged Exposure, Acceptance and Commitment Therapy, Seeking Safety, and Dialectical Behavior Therapy. Opportunities for gaining group and individual therapy experience are offered. Training with evidence-based interventions is also available. Fellows interested in psychodiagnostic and personality assessment opportunities may also be able to incorporate these activities into a rotation with the program on a limited basis.

Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) provides a 6-week residential biopsychosocial rehabilitation program for chemically dependent Veterans. This program integrates cognitive behavior theory, motivational techniques, and 12-step philosophy. An emphasis is placed on building skills and developing a healthy community support network. Learning opportunities include case management, individual and group therapy, assessment, consultation, didactic teaching, and team treatment planning. The

treatment team is interdisciplinary including a psychologist, social workers, addiction therapists, registered nurses, recreation therapist, occupational therapists, and kinesitherapy.

Individualized Addictions Consultation Team (I-ACT) is a unique 8-bed program developed to provide services to those individuals who have a primary substance use disorder and secondary diagnosis of psychosis, cognitive disorder, or learning disability that impedes the ability to successfully receive traditional residential program. Its individualized approach modifies groups by using programming with more simple language and instruction is modified using interactive techniques and integrative hands-on experiences. 3 hours of daily core groups using evidence-based programming include CBT for substance use with older adults, Social Skills training for schizophrenia, and DBT for adolescents. Additional groups include guided process, mindfulness, recreation, art, and exercise. Fellows may also have opportunities to assess for cognitive deficits using MoCA and referring for neuropsychological evaluation and adapting to cognitive challenges while in residential treatment.

Supervision, Teaching, Research Opportunities, and Didactics.

Supervision. Fellows serve as the primary supervisor for a practicum student from a local university for the training year. They also provide lateral supervision to interns who also provide supervision to the practicum student.

Teaching. Opportunities to provide staff education will be available throughout the training year.

Research. Fellows may elect to participate in ongoing research projects including participation in the Paper in Day projects, use of archival data, collaboration with supervisors' ongoing projects, or initiation of a fellow's personal research interests.

Didactics. There are a wide variety of relevant didactics available for the fellow to attend at both the VA and MCW.

Elective Training Experiences

The fellow may elect minor training experiences from a variety of areas, including but not limited to: Outpatient Mental Health/PTSD, LGBTQ+ Affirmative Health Care, Immediate Mental Health Access Clinic (IMHAC), Culturally Responsive Practice, Inpatient Mental Health, and Operation Hope.

Advanced Fellowship in Women's Health (AFWH)

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Overview

The Advanced Fellowship in Women's Health (AFWH) is a two-year postdoctoral program to advance clinical care, teaching, scholarship, collaborative care approaches, and system improvements related to the advancement of health for women Veterans. The fellow is part of an interprofessional training program that has been developed in collaboration with the Division of General Internal Medicine at the Medical College of Wisconsin (<http://www.mcw.edu/generalinternalmed/fellowship/womenshealth.htm>). The first year of the fellowship falls within the scope of the APA-accredited fellowship program in clinical psychology, with the same structure and core competencies required of all fellows in the program. The second year offers greater flexibility and, depending on the fellow's individualized learning plan, may emphasize training in research, education, clinical skills and/or program development commensurate with career goals.

Goals

AFWH seeks to support transformation and innovations in the provision of Women's Health within the VA. Women Veterans constitute 10 percent of the Veteran population. Whereas the total number of Veterans is projected to decline over the next 20 years, the population of women Veterans is projected to double. Women Veterans are a group with unique needs for which there is insufficient understanding of optimal provision of health services. This fellowship is designed to further both the clinical and research education relevant to the health of women Veterans. Fellows are expected to spend a significant amount of time in the 1st year in VA clinical care, in order to maintain clinical skills as well as to maintain close clinical relationship to areas of research or systems improvement interest. Thus, specific training goals include:

- To create an individualized learning plan to design the training experience that will address the fellow's unique training needs based on their identified career goals in women's health (academic, research, clinical) and clinical licensure requirements
- Develop expertise regarding: (1) women's whole health, sexual health, and trauma models; (2) aspects of clinical approaches unique to women's health and more specifically, women Veteran's health; and (3) interventions that address the health needs of women Veterans.
- Develop research, or engage in program development to enhance our understanding of women's health, and the needs of women Veterans
- Prepare fellows to work interprofessionally and in consultative roles in women's health
- Prepare fellows for licensure and for future board certification in Clinical Health Psychology through the American Board of Professional Psychology (ABPP)

- Develop leadership and networking opportunities within the AFWH National Network to enhance career growth within the VA healthcare system for women's health

Core Clinical Settings

Fellows on the interprofessional team receive their core clinical experiences through both the ***Women's Health Clinic (WHC)*** and the ***Women's Resource Center (WRC)***.

The Women's Health Clinic (WHC) is a primary care clinic within the Red Clinic of the hospital. Fellows will work in multidisciplinary PC/MHI team within the Women's Integrated Sexual Health Clinic. The team, under the direction of Dr. Akeira Johnson, provides assessments and short-term follow up for sexual health patients with a range of presenting problems, including depression, anxiety, insomnia, PTSD, substance misuse, and behavioral health concerns. The fellow's role on the WISH clinic team is to assess sexual health distress and mental health concerns that may impact sexual health. Fellows also provide feedback, treatment planning, and facilitate referral to specialty mental health treatment, when indicated.

The psychology fellow also receives clinical experience through the ***Women's Resource Center***, a separate clinic on the VA grounds that provides mental health services exclusively to Women Veterans. Fellows may provide individual assessment and therapy services for women with sexual trauma as part of the PTSD Team, and group therapy in a variety of modalities including in-person or virtual.

Fellows may also opt to work with psychology faculty at ***The Medical College of Wisconsin*** providing mental health services in Reproductive Medicine or OB/GYN, or at Froedtert's ***North Hills Campus, Menomonee Falls***, in Fertility and Reproductive Medicine providing services such as implications counseling prior to IVF services. Fellows may also opt to engage wholly in women's health research opportunities at the ***Medical College of Wisconsin***, or within the ***VA Women's Health Practice-Based Research Network*** or in collaborative projects with other Advanced Fellowship of Women's Health sites nationally. Other research opportunities, including "Paper in a Day" under the auspices of Dr. Sadie Larsen, VA psychology faculty and leadership are also available.

Elective Training Experiences

As noted elsewhere in this brochure, fellows may elect to spend up to 25% of their time in an adjunctive training experience outside of their main concentration. While this list is not exhaustive, some of the commonly selected areas for additional training are below.

Acute Mental Health – Emergency Department. Fellows can receive experience in addressing Veteran's mental health concerns in the Emergency Department (ED). Fellows electing this rotation would need to commit to alternate tours of duty that would involve some evening and/or weekend hours. A solution focused crisis intervention approach is utilized, which involves necessary collaborative care with allied disciplines including social workers, nurses, advanced practice nurses, physicians, the on-call Psychiatrist on Duty and the Administrator on Duty. Opportunities are made available to develop triage skills for suicide/homicide assessment, emergency detentions, police holds for intoxicated patients, admissions for inpatient psychiatric treatment, and discharges from the ED to the community or domiciliary. Additionally, fellows can assist in providing off-tour mental health support for both medical and locked/unlocked mental health units.

Comprehensive Integrated Inpatient Rehabilitation Program. This 12-bed inpatient program provides both acute and subacute/extended physical medicine and rehabilitation services to patients with a wide variety of medical diagnoses. Patients with orthopedic problems, such as joint replacements, fractures or amputations, typically have short stays on the unit (approximately 2 weeks), whereas patients suffering from stroke or other brain dysfunction and patients who are severely deconditioned due to multiple medical complications may stay for long durations (2-3 months). Fellows provide brief psychological assessment including cognitive screening, address adjustment and coping of patients and significant others, and serve as consultants to team members. This unit also provides opportunities to interact with trainees from other disciplines, including medical residents, physical therapy trainees and nursing students.

Culturally Responsive Practice. While individual and cultural diversity are core competencies embedded in each training experience, the Culturally Responsive Practice (CRP) rotation provides fellows with the opportunity to engage in a more intentional practice of culturally responsive care. This rotation offers training and exposure in a variety of VA programs and groups related to diversity and multicultural practice, and fellows can create personalized combinations of experiences depending on their interests. Possible population-specific opportunities may include participation in the Race-Based Stress group, Women's Health interventions, DBT skills training group including stigma management for sexual and gender minorities, LGBT group, Healthy Aging group for older adults, and Acute Mental Health with a focus on multicultural group therapy and assessment. Core requirements for fellows to achieve this additional focus include a rotation project, engagement in group consultation and participation in psychology advocacy through the Advancing Diversity Across Psychology Team (ADAPT). Projects can include developing and implementing staff education and training,

contributing to multicultural research, or focusing on local program development. Trainees can opt to attend other adjunct opportunities including the multicultural reading group or serving on a hospital committee (e.g. equal employment opportunity/EEO committees).

Evidence Based Psychosocial Rehabilitation and Education Program (EB-PREP). EBPREP provides group treatment based on the Social and Independent Living Skills training program of the UCLA Clinical Research Center for Schizophrenia and Psychiatric Rehabilitation as well as the Bellack et. al. Social Skills Training Model. Skills are taught through workbook exercises, viewing videos that model the skill, role playing and reviewing videos of the role plays, practicing a structured problem-solving method, identifying resources needed for the skills and using in-vivo exercises and homework assignments where skills are practiced in real life situations.

Individualized Addictions Consultation Team (I-ACT) is a multi-disciplinary team (psychologist, social worker, and registered nurse) established in the domiciliary to provide substance abuse disorder assessment and treatment services to Veterans who are not able to participate in standard abstinence-based treatments. This may be because they cannot participate in standard substance-abuse treatment due to cognitive problems, medical/functional comorbidities, or mental health comorbidities. The emphasis is on bridging the gaps in the continuum of care and increasing access to Veterans who may otherwise not receive needed addictions services. Fellows may serve as case managers, provide individual and group therapy, and complete psychological assessments. Opportunities for participating in community outreach to Veterans in the area of substance abuse are also available.

Immediate Mental Health Access Clinic (IMHAC) provides walk-in crisis and emergency services to Veterans in the IMHAC, as well as in the Emergency Department. This service is part of the Outpatient Mental Health division and works closely with the acute MH inpatient unit. Consultative services are collaborative in nature, working closely with psychiatrists, psychiatric residents, social workers, physicians, nurses, and other medical staff to meet the needs of patients in crisis. The IMHAC works with Veterans who present with a variety of mental health concerns (e.g., PTSD, depression, anxiety, suicidality/homicidality, substance use, psychosis, dementia, personality disorders, etc.), providing assessments to determine appropriate level of care and need for referrals to other outpatient mental health services, as well as to help physicians in the ED determine etiology of the patient's presenting concerns, whether they may be more of a psychological problem, a medical problem, or a combination. IMHAC also can serve as an initial access point for patients looking to become established in mental health, so fellows may be involved in brief initial assessments to determine level and type of care needed.

Inpatient Mental Health/Detoxification Unit. The Inpatient Mental Health/Detoxification Unit provides treatment to patients with acute psychiatric and alcohol and other substance abuse problems. It is a locked 32-bed unit. Patients are typically admitted for suicidal or homicidal ideation, active psychosis, inability to care for themselves and/or active substance intoxication/withdrawal. The length of stay is on average 5 days with a range from 1 day to 30 days. Due to the relatively short length of stay, the unit emphasizes assessment, crisis

intervention, and arranging appropriate follow-up. This unit is a referral source for the various domiciliary psychosocial rehabilitation programs. The unit provides crisis intervention, assessment, interdisciplinary treatment programming, consultation activities within the medical center and the community, and discharge planning. Psychology occupies an important managerial role within the acute unit. The acute psychiatric unit is an active training site. Much of the training of psychiatric residents and medical students takes place on this unit, psychology interns frequently complete rotations here, and students from nursing and social work programs are also typically present.

Mental Health Outpatient Clinic. The Mental Health Outpatient Clinic allows the opportunity to provide a variety of assessment and therapy services to a diverse adult population. Fellows may be involved in providing outpatient therapy to individuals, couples, families or groups. Opportunities are available for both short-term and long-term therapy cases. The outpatient program areas also include a centralized intake unit, the post-deployment clinical team, an OEF/OIF outreach team, the employee assistance program, and outpatient substance abuse treatment.

Neuropsychology. Neuropsychology is primarily a consultation and diagnostic service. As a regional referral center, the neuropsychology clinic sees outpatients, domiciliary residents, and also geriatric, rehabilitation, medical-surgical, neurology, cardiac, and psychiatry inpatients. Common referrals include: memory loss, evaluation of dementia, dementia vs. pseudodementia, closed head injury, executive functioning or personality changes, AD/HD, learning disabilities, and seizure disorders. Competency and decisionality evaluations are also frequently requested. The outpatient Dementia Clinic provides comprehensive assessment and care management planning and is a frequent source of consultation. In addition, many of the seriously mentally ill patients, especially those with a history of substance abuse, are referred for neuropsychological evaluation. Many of our previous geropsychology fellows have elected rotations in neuropsychology.

Operation Hope is a coalition of Psychosocial Rehabilitation programs for Veterans diagnosed with Severe Mental Illness, who have been experiencing serious and/or persistent functional impairment. Services are based on the core components of recovery-oriented care. Emphasis is placed on Veterans being actively involved in the direction of care, with personal strengths identified and utilized, with a holistic rather than a symptom focused approach. The fellow's experience provides involvement in rehabilitation services through practical problem solving, crisis resolution, adaptive skill building, and aiding Veterans in increased self-care and community inclusion. Available opportunities include interactive psychoeducational classes, illness management, evidenced based skills training, wellness programming, recovery plan development, individual assessment and psychotherapy, group therapy, family education or therapy, supportive volunteering, case management, consultative services, peer specialist supervision, interdisciplinary staff education, and program development.

Pain Self-Management and Rehabilitation: This outpatient mental health service offers a rehabilitative, behavioral approach to promote adaptive adjustment to chronic pain conditions

and to help individuals with chronic pain improve their functioning and quality of life. The program provides comprehensive evaluations, a psychoeducational class, cognitive-behavioral therapy for chronic pain, acceptance and commitment therapy for chronic pain, and relaxation training. It is primarily group-based and structured with an emphasis on skill development.

Treatment Alternative Group (TAG) program is an AODA harm reduction Day Hospital program that is integrated into the inpatient mental health unit. Patients in this program have exhausted all AODA residential resources in the Milwaukee VAMC and they have had at least 3 detox admissions in the past year or prior to their entry into the TAG program. Primary experiences available include case management, psychological assessment, group therapy, and social skills training.

Training Staff

Program Director:

Heather M. Smith, Ph.D., ABPP (The Ohio State University, Counseling Psychology, 2002)

Lead Psychologist: Serve as Lead Psychologist at the Milwaukee VAMC and affiliated Community Based Outpatient Clinics. Responsible for the hiring, credentialing, privileging, and professional practice of the Psychology staff.

Director of the Psychology Training Program: Administrative responsibility for the doctoral internship program, postdoctoral fellowship program, and practicum program. Provide group supervision to doctoral interns and postdoctoral fellows.

Geropsychologist: Serve as clinical supervisor for fellows, interns, and students completing Geropsychology rotations in the Community Living Center. Provide geriatric neuropsychological and decision-making capacity assessment; interdisciplinary team consultation; psychological intervention; caregiver education and support; and organizational development interventions.

Theoretical Orientation: Behavioral, Interpersonal, Cognitive-Behavioral

Interests: Geropsychology, training and supervision, dementia, decision-making capacity evaluation, interdisciplinary team consultation, organizational development

Academic Affiliation: Associate Professor and Associate Vice Chair for Faculty Development, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Certifications: Board Certified in Geropsychology, STAR-VA

Major Preceptors:

Geropsychology:

Weston Donaldson, Ph.D., ABPP (Colorado State University, Counseling Psychology, 2014)

Community Living Center (CLC), Inpatient Rehabilitation: Provide clinical supervision for fellows, interns, and students completing rotations on GEM, Transitional Care, and Inpatient Rehab teams. Provide individual and group psychotherapy, caregiver education and support, multidisciplinary team consultation and support, and team training for behavioral management. Provide geriatric neuropsychological and decision-making capacity assessment.

Theoretical Orientation: Integrative, drawing primarily from ACT, CBT, MI, and solution-focused brief therapy

Interests: geriatric mental health, LGBTQ+ aging, dementia behavior management, cognitive assessment, multidisciplinary team consultation and integrated behavioral health

Certifications: Board Certified in Clinical Geropsychology

Allison L. Jahn, Ph.D. (University of Wisconsin-Madison, Clinical Psychology, 2011)

Outpatient Mental Health: Geropsychology and Centralized Assessment Unit (CAU): Provide individual and group psychotherapy for older adults. Provide supervision to interns and fellows and serve as the primary supervisor for the Outpatient Geropsychology Fellow. Conduct pre-surgical psychodiagnostic and psychosocial evaluations for bariatric and transplant candidates.

Theoretical Orientation: Biopsychosocial, integrating biological/neurological, psychological, and contextual and social factors through a variety of approaches including cognitive-behavioral and dialectical strategies, motivational interviewing, and mindfulness-based techniques

Interests: Geropsychology; health, disability, diagnostic, and psychosocial assessment; cancer survivorship; supervision; neurobiology of stress and depression

Certifications: Structured Clinical Interview (SCID) for the DSM-IV, Motivational Interviewing, Goals of Care Conversations Trainer

Academic Affiliations: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

LGBTQ+ Affirmative Health Care:

Gregory Simons, Ph.D. (Marquette University, Clinical Psychology, 2007)

Suicide Prevention/LGBTQ+ Affirmative Healthcare: Provide individual, group, and couples/family therapy through outpatient mental health primarily with patients identified at high risk for suicide. Perform administrative duties including outreach, provider consultation, and interdisciplinary training/education. Coordinate LGBTQ+ affirmative treatments for Veterans requesting specialized care or to work with a knowledgeable provider. Involvement with the Equal Employment Opportunity (EEO) LGBT Special Emphasis Program (SEP) raising awareness of diversity among VA staff through organization of presentations and other activities

Theoretical orientation: Theoretically oriented X3

Interests: Suicide prevention, sexual health, LGBTQ+ affirmative healthcare, provider self-care

Certifications: Cognitive Behavioral Therapy for Depression

Neuropsychology:

Eric Larson, Ph.D., ABPP (University of Cincinnati, Clinical Psychology, 2002)

Neuropsychology: Conduct neuropsychological assessments with outpatient and inpatient Veterans. Supervise fellows, interns, and students. Serve as rotation director for the Geropsychiatry Clinic, providing supervision to psychiatry residents and the outpatient geropsychology fellow.

Theoretical Orientation: Cognitive behavioral, neuropsychology

Interests: Memory; dementia; how a person's ability to recognize, or fail to recognize, their own cognitive decline relates to their mood and symptoms of dementia; the interaction between symptoms of dementia and PTSD; decisional capacity

Certifications: Board Certified in Clinical Neuropsychology (ABCN)

Academic Affiliation: Associate Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Outpatient PTSD:

Catherine Coppolillo, Ph.D. (Marquette University, Clinical Psychology, 2006)

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual, couples and group psychotherapy to Veterans from the Iraq and Afghanistan wars and their families. Serve as major preceptor for the Post-Deployment Mental Health post-doctoral fellow and provide clinical supervision to interns and practicum students. Provide outreach services through the

OEF/OIF Connection Team, visiting National Guard and Reserve units to represent the VA and assist Veterans in accessing services. Provide psychoeducational programming on Veterans' issues to community organizations.

Theoretical Orientation: Integrative, drawing heavily upon interpersonal, psychodynamic and cognitive-behavioral traditions

Interests: Integrative treatment of PTSD and complex PTSD for combat and sexual trauma, effects of childhood trauma and neglect, gender identity issues, supervision

Certifications: Cognitive Processing Therapy and Prolonged Exposure for PTSD

Palliative Care:

Amy Houston, Psy.D. (Xavier University, Clinical Psychology, 2017)

Community Living Center (CLC), Palliative Care: Serve as major preceptor and clinical supervisor for fellows, interns, and practicum students completing Palliative and Geropsychology rotations. Within the CLC, I provide interdisciplinary team consultation, conduct decision-making capacity assessments, individual and group psychotherapy, family caregiver education and support, and nursing staff education and support. I also provide mental health services through outpatient clinics including palliative care, hematology/oncology, radiation oncology, and neurology as well as consultation and liaison services throughout the hospital. Additionally I provide bereavement counseling to families of Veterans who have passed away at the VA.

Theoretical Orientation: Behavioral, Cognitive Behavioral, Acceptance and Commitment Therapy, Positive Psychology

Interests: Gerontology, geropsychology, health psychology, grief and bereavement, interdisciplinary treatment teams, assessment of decision making capacity, palliative care, dementia, management of dementia related behaviors, dementia caregivers

Primary Care/Mental Health Integration:

Leticia Vallejo, Ph.D. (Marquette University, Clinical Psychology, 2018)

Primary Care-Mental Health (PC-MH) Integration: Provide brief functional assessment and psychotherapy to Veterans in primary care, including same day access. Provide clinical consultation and collaborate with Gold Clinic Primary Care team. Co-facilitate race-based stress and empowerment group. Conduct ADHD and dementia screenings, and decision-making capacity evaluations. Provide individual and group supervision to psychology trainees, including postdocs and interns.

Culturally Responsive Care: Participate as a member of ADAPT and serves as point of contact for trainees pursuing a rotation in culturally responsive care.

Theoretical Orientation: Integrative (CBT, ACT, multicultural frameworks)

Interests: Brief intervention, Health psychology, Dementia, Assessment, Cultural Humility and Social Justice

Residential Rehabilitation:

Michael L. Haight, Psy.D. (Florida Institute of Technology, Clinical Psychology, 2002)

Team Leader, General Treatment Team, Domiciliary Residential Rehabilitation and Treatment Program (DRRTP): Orient Veterans to the MHRTP, complete psychosocial assessments and

recovery plans, and provide case management duties. Conduct individual and group therapy and occasional personality assessments. Supervise practicum students, interns, and fellows, including serving as major preceptor for the Residential Rehabilitation fellow. Complete administrative duties as the Team Leader.

Theoretical Orientation: Acceptance and Commitment Therapy (ACT), Motivational Interviewing

Interests: Residential rehabilitation, supervision, Self-Compassion Group

Psychosocial Rehabilitation:

Alison J. Minkin, Ph.D. (Colorado State University, Counseling Psychology, 2006)

Outpatient Mental Health Program Manager: Serves as Co-Manager of the Mental Health Outpatient Program, and as a psychologist in both PCMHI and geropsychology. Provides clinical supervision for trainees in PCMHI.

Theoretical Orientation: Cognitive-Behavioral, Interpersonal Process

Interests: Geropsychology, integrated care, dementia, leadership development

Certifications: Problem Solving Training – Primary Care

Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Sandra J. Regan, Ph.D. (University of Wisconsin-Milwaukee, Clinical Psychology, 1995)

Clinical Lead, Psychosocial Rehabilitation & Recovery Center including Evidence-Based Psychosocial Rehabilitation and Education Program (EB-PREP): Provides leadership and program oversight of the PRRC to ensure the most positive clinical outcome for Veterans served. Provides and leads social skills training and other evidence-based psychotherapies in group, individual, and family/couples modalities. Provides psychoeducation about mental illnesses and crisis intervention. Consults with staff from other disciplines. Supervise psychology interns and practicum students.

Theoretical Orientation: Eclectic, combining cognitive-behavioral, problem-solving/skills training, motivational interviewing, family systems, recovery, and process approaches

Interests: Serious mental illness (SMI) particularly schizophrenia, family therapy, recovery, substance abuse, trauma

Certifications: Behavioral Family Therapy for SMI, Cognitive Processing Therapy for PTSD, Social Skills Training

Women's Health:

Colleen Heinkel, Ph.D. (Marquette University, Clinical Psychology, 2008)

Outpatient Mental Health/Women's Resource Center: Staff psychologist with a focus on PTSD and women's health. BHIP lead, Women's Resource Center. Lead Clinician, Zablocki VA's PCMHI Tobacco Treatment. Behavioral health lead, VA Women's Integrated Sexual Health Clinic. Zablocki VA Site Lead, Practice-based Research Network (PBRN) in Women's Health.

Theoretical Orientation: Integrative, cognitive-behavioral, feminist, existential, drawing heavily upon CBT, CPT, DBT, EA, IPT, MI, and MBCT approaches.

Interests: Trauma recovery, the intersectionality of trauma and health, affective neuroscience, grief and loss, women's health, whole health and biofeedback, energy psychology, translational research, and training.

Certifications: Cognitive Processing Therapy (CPT), CBT-Depression, CBT-Insomnia, Interpersonal Therapy (IPT), SBIRT (Substance Use); National Red Cross Disaster psychology, Healing Touch (Level 3), Nutritional psychology; Energy psychology (ACEP)

Academic Affiliations: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin; Co-Director/Psychology preceptor for the MCW/VA Advanced Fellowship in Women's Health.

Other Program Faculty:

Scott Barrera, Ph.D. (Ball State University, Counseling Psychology, 2022)

Team Leader, Substance Abuse Residential Rehabilitation Treatment Program (SARRTP): Serves as the Team Leader to develop, implement, and evaluate the multidisciplinary SARRTP program. Provides diagnostic assessment, individual therapy, case management, psychoeducation, and group therapy. The SARRTP program specializes in the treatment of SUD and dual diagnoses by integrating relapse prevention, harm reduction, cognitive-behavioral therapies, and 12-step philosophy.

Theoretical Orientation: Cognitive Behavioral

Interests: Dual diagnosis, residential addiction treatment, integrative treatment plans, EBPs, multicultural and social justice work in psychology

Certifications: CPT

David E. Baruch, Ph.D. (University of Wisconsin-Milwaukee, Clinical Psychology, 2014)

Outpatient PCT: Provide psychotherapy to address trauma in multiple formats (protocol-based, integrative) and contexts (individual, group, IOP, couples) alongside psychological assessment, supervision of psychology interns and psychiatry residents, and interdisciplinary team consultation.

Theoretical Orientation: Interpersonal, dynamic, and somatic focus grounded in traditional behavioral and cognitive-behavioral theory.

Interests: combat trauma, sexual trauma, childhood trauma and its impact on development, interpersonal process, spirituality/religion and PTSD, gestalt and somatic psychotherapy, training and supervision, and utilizing exposure based principles in both structured and non-structured treatment paradigms.

Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Bertrand D. Berger, Ph.D. (University of Wisconsin-Milwaukee, Clinical Psychology, 1992)

Division Manager, Mental Health: Manager of all mental health programs at the Milwaukee VA Medical Center. This includes supervisory authority over approximately 380 faculty and staff.

Theoretical Orientation: Cognitive Behavioral

Interests: Suicide prevention (firearm lethal means, Community Coalitions), serious mental illness and substance abuse

Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin; Adjunct Assistant Professor, Department of Psychology, UW-Milwaukee

Denis Birgenheir, Ph.D. (University of Wyoming, Clinical Psychology, 2012)

Acute Mental Health/Intensive Outpatient Program: Staff psychologist in the Acute Mental Health program, which includes our 34-bed inpatient unit and an Intensive Outpatient Program. Provide individual and group psychotherapy to those with a serious mental illness or severe substance use disorder.

Theoretical orientation: Cognitive-behavioral, with more of a focus on the behavioral part. I also use motivational interviewing and interpersonal techniques.

Interests (professional): Psychosocial rehabilitation and treatment outcomes. Consumer-driven recovery model and community integration for individuals with serious mental illness.

Jessica Brundage, Ph.D. (Marquette University, Counseling Psychology, 2009)

Spinal Cord Injury/Disorders (SCI/D): Primary role is SCI/D Outpatient Program Manager. Main opportunities for trainees would be involvement with performance improvement and organizational development activities. Secondary role is SCI/D Psychology coverage. Provide diagnosis and treatment recommendations to enhance adjustment, self-management, and adherence for Veterans admitted to the SCI/D center for rehabilitation and acute medical needs, as well as outpatients receiving care in the SCI/D primary care clinic. Complete annual evaluations to screen for emotional, behavioral, and cognitive concerns. Conduct time-limited, evidence-based psychotherapy and perform cognitive and personality assessments. Deliver educational programs to patients and their families, as well as staff. Serve on the Ethics Consultation Team as Co-Coordinator.

Theoretical Orientation: Integrative, drawing heavily upon cognitive-behavioral approaches, motivational interviewing, and acceptance and commitment therapy approaches

Interests: Rehabilitation psychology, adjustment to disability, coping with chronic illness, self-management, working on a multidisciplinary team, geropsychology, grief and loss, supervision, ethics, organizational development

Certifications: Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy for Depression

Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Theresa A. Drewniak, Ph.D. (Indiana State University, Counseling Psychology, 2000)

Health Behavior Coordinator: Train, guide, mentor, and support healthcare team members who provide health behavior self-management to patients utilizing the courses "Patient Education: TEACH for Success," and "Motivational Interviewing." Provide coaching to clinicians to enhance their skills. Provide clinical services in shared medical appointments to patients in the weight management program. Plan, develop, adapt, implement and assess efficacy of health behavior

interventions for the promotion of general health and to address health risk behaviors as part of disease prevention and chronic disease management in close collaboration with the Health Promotion/Disease Prevention Manager and others.

Interests: Leadership development, organizational development

Certifications: Motivational Interviewing

Erin Dulek, Ph.D. (Bowling Green State University, Clinical Psychology, 2021)

Residential Treatment, Individualized Addictions Consultation Team (I-ACT): Conducts group and individual therapy, biopsychosocial assessments, case management and interdisciplinary staffing to Veterans who require an individualized approach to address substance use, psychosis, and/or cognitive challenges.

Theoretical Orientation: third wave cognitive behavioral, recovery oriented, integrative

Interests: recovery oriented care, serious mental illness, substance use, social systems assessment and program development

Shaun English, Ph.D. (Marquette University, Clinical Psychology, 2012)

Outpatient Mental Health Clinic/BHIP Team B leader: Provides individual and group interventions to patients with a wide age range and various diagnoses in the outpatient Mental Health and Geropsychology clinics. Offers evidence-based treatments on a 1:1 basis including CBT and IPT for depression. Facilitates groups including mindfulness-based stress reduction and is a member of the DBT consultation team.

Theoretical Orientation: Cognitive-Behavioral, Interpersonal, DBT

Interests: Mindfulness, time-limited evidence-based treatment, DBT, anxiety disorders, adjustment to aging, coping with loss and grief, bariatric and brief neuropsychological assessment

Certifications: Interpersonal Therapy for Depression

Academic Affiliation: Marquette University

Mark Fischer, Ph.D. (University of Cincinnati, Clinical Psychology, 2019)

Neuropsychology: Assessment, intervention, consultation, and supervision within the Acute Mental Health Neuropsychology Service and the TBI/Polytrauma Support Team

Daniel E. Flave-Novak, Psy.D. (Roosevelt University, Clinical Psychology, 2016)

Outpatient Mental Health - Union Grove Community Based Outpatient Clinic: Provide individual and group psychotherapy. Coordinate consult and intake management for CBOC. Provide supervision of psychology interns and practicum students.

Theoretical orientation: CBT, Interpersonal, Integrative

Interests (professional): LGBTQ+ mental health, anger management skills training, mental health advocacy

Certifications: IPT-D, STAIR

Shauna Fuller, Ph.D. (Marquette University, Counseling Psychology, 2010)

Outpatient Postdeployment Mental Health/PTSD Clinical Team: provide individual and group psychotherapy for Veterans with focus on facilitating recovery from the effects of trauma and moral injury; provide supervision for advanced psychology practicum students, interns and fellows and MCW psychiatry residents completing a rotation in the PTSD clinic; conduct psychological assessment for diagnostic clarity, case conceptualization, and treatment purposes as needed.

Theoretical Orientation: My orientation is largely integrative although I rely heavily on contemporary psychodynamic theory to inform and drive my work (e.g., affect/emotion focused; unconscious drive/defenses/resistance; enactment; transference/countertransference; emphasis on the therapeutic relationship as a driver for change; exploration of fantasies/dreams). I also draw upon existential theory and interpersonal process (particularly dynamics that arise within the context of recovery from trauma).

Interests: Recovery from trauma and moral injury within interpersonal contexts, the therapeutic relationship, dream work in psychotherapy, treatment retention, supervision, common factors model

Certifications: Cognitive Processing Therapy for PTSD (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I)

Angela Gleason, Ph.D., ABPP (University of Houston, Clinical Psychology, 2004)

Neuropsychology: Conduct neuropsychological assessment with outpatient and inpatient Veterans. Supervise fellows, interns, graduate students, and medical residents. Serve as psychologist within the Outpatient Geropsychiatry and Multiple Sclerosis Clinics.

Theoretical Orientation: Cognitive behavioral, flexible battery neuropsychology

Interests: Memory disorders, movement disorders, multiple sclerosis, oncology, multi-disciplinary assessment, and communication of results with patients.

Certifications: Board Certified in Clinical Neuropsychology

Peter Graskamp, Ph.D. (Marquette University, Clinical Psychology, 2006)

Assigned area: Polytrauma Support Clinical Team - Interdisciplinary Team

Individual treatment for patients seen through the Polytrauma/TBI system of care utilizing empirically validated treatments including Cognitive Behavioral Therapy (CBT) for Insomnia. Interdisciplinary clinic assessment of concussion/mTBI with recommendations for, or provision of, behavioral health treatments.

Theoretical orientation: Cognitive-Behavioral Therapy, Family Systems Theory, Interpersonal Therapy

Interests (professional): Trauma Psychology, rehabilitation, behavioral sleep medicine

Certifications: CBT – Insomnia (certified in 2012)

Amanda J. Gregas, Ph.D. (University of Wisconsin-Milwaukee, Counseling Psychology, 2009).

Acute Mental Health Program Manager: Management of the following clinical team and services: Acute Mental Health Unit 3C, The Bridge Intensive Outpatient Program (IOP), Neuropsychology/Polytrauma Clinic, Emergency Department Psychology Team, and Consult-

Liaison Psychiatry Team. Provide evidence-based treatments, including Dialectical Behavioral Therapy (DBT) on the inpatient mental health unit and The Bridge IOP. Provide DBT treatment on an individual and group basis for the treatment of personality disorders and substance use/abuse on an outpatient basis. Co-lead the DBT Consultation Team. Member of ADAPT.

Theoretical Orientation: CBT/DBT

Interests: Severe & persistent mental illness, addictions, personality disorders, multiculturalism, and leadership/management

Certifications: Dialectical Behavior Therapy

Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

M. Christina Hove, Ph.D. (University of Cincinnati, Clinical Psychology, 2005)

PTSD/SUD Liaison, Outpatient Post Deployment Mental Health/PTSD Clinical Team: Provide individual and group psychotherapy to inpatient and outpatient Veterans specializing in the treatment of comorbid Posttraumatic Stress and Substance Use Disorders using Relapse Prevention, Harm Reduction, Cognitive-Behavioral Therapies, Motivational Interviewing, and Interpersonal Therapy techniques. Evidence based treatments include Seeking Safety and Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE). Provision of comprehensive assessments employing objective measures for diagnostic and treatment purposes.

Theoretical Orientation: Cognitive-Behavioral, Interpersonal

Interests: Clinical--antecedent and consequential influence of substance use and trauma on daily functioning. Research--social and cognitive variables that contribute to the psychological, physical, and emotional consequences of trauma as exacerbated by alcohol and drug use. Social and cognitive variables involved in etiology and prevention of addictive behaviors.

Certifications: Cognitive-Behavioral Therapy for Insomnia

Academic Affiliations: Assistant Professor, Psychiatry & Behavioral Medicine, Medical College of Wisconsin; Adjunct Associate Professor, Department of Psychology, University of Wisconsin-Milwaukee

Joshua C. Hunt, Ph.D. (University of Wisconsin - Milwaukee, Counseling Psychology, 2015).

Community Resource and Referral Center (CRRC): Provides a full range of psychological services to homeless and at-risk Veterans. Services available to Veterans from the overarching Health Care for Homeless Veterans (HCHV) program include housing placement, health care, financial planning and income support, transportation, legal services, vocational assistance, education, and recreation. The CRRC is a walk-in clinic located near downtown Milwaukee that provides services ranging from showers and laundry, to mental health treatment and health care referrals.

Theoretical Orientation: Integrative, cognitive, behavioral, psychodynamic, and emotion focused.

Interests: Trauma, PTSD risk prediction and treatment, psychotherapy theory

Julie Jackson, Ph.D. (Marquette University, Counseling Psychology, 2007)

General Treatment Team, Team Leader Women's Section, Domiciliary Residential Rehabilitation and Treatment Program (DRRTP): Provide case management, group and individual therapy for female Veterans residing in the DRRTP. Complete administrative duties as the Team Leader. Supervise interns, fellows, and students.

Theoretical Orientation: Cognitive-behavioral

Interests: Dual diagnosis, health psychology, Acceptance and Commitment Therapy, Motivational Enhancement Therapy

Certifications: Cognitive Processing Therapy for PTSD

Sarah Keating, Ph.D. (Brigham Young University, Clinical Psychology, 2015).

Home Based Primary Care (HBPC)/ Outpatient Geropsychology: Conduct cognitive and capacity assessments; individual/ couples psychotherapy; psychoeducation and caregiver support; and brief psychotherapy utilizing evidence-based modalities for older adults.

Theoretical orientation: Interpersonal, CBT, process-oriented therapy

Interests: Geriatrics, substance use, group therapy, evidence based therapies (PTSD, substance use), SMI

Certifications: VA Whole Health

Academic Affiliations: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Graham Knowlton, Ph.D. (Marquette University, Counseling Psychology, 2018)

Suicide Prevention: As the Lead Suicide Prevention Coordinator, perform a range of activities focused on suicide prevention in the Veteran population, including representing the facility's Suicide Prevention Program in contacts with the agency, Veterans Integrated Systems Network (VISN) 12, and the public; directing suicide prevention activities to maximize effectiveness and continuity of care for Veterans; serving as an advisor to the Mental Health Division Manager, facility leadership, program managers and other medical center staff concerning suicide prevention strategies; providing feedback to clinicians related to patient care and/or documentation and program requirements; establishing and maintaining effective channels of communication with programs throughout the hospital; tracking and analyzing data to evaluate and enhance the quality of services provided; reporting all suicide attempts and completions at the facility, including the submission of a variety of reports to the VISN and National Suicide Prevention Coordinator; identifying Veterans at high risk for suicide and placing High Risk for Suicide Patient Record Flags on those at high acute risk to alert treating providers and enhance patient care; providing education to providers, Veterans, families, and members of the community about risk factors and warning signs for suicide; maintaining/improving an on-going training program for staff to assure awareness of options during crisis situations; monitoring all consults from the Veterans Crisis Line (VCL) to assure timely access to care and follow-up for patients in crisis; monitoring appointments and coordinating enhanced care as needed.

Theoretical orientation: Cognitive Behavioral, Person-Centered, Strengths-Based, Psychodynamic

Interests: Suicide prevention, program development/improvement, effective leadership, hospital systems, interprofessional collaboration

Certifications: Approved VA EBP Provider of Advanced Safety Planning Intervention; Approved VA EBP Provider of Primary Care – Mental Health Integration (PC-MHI); Approved VA EBP Provider of Cognitive Processing Therapy (CPT)

Academic Affiliations: Adjunct Professor – Marquette University

Irene Kostiwa, Ph.D. (University of Louisville, Clinical Psychology, 2013)

Home Based Primary Care: Provide interdisciplinary team consultation, decision-making capacity assessments, individual psychotherapy, family caregiver education and support, and nursing staff education and support.

Theoretical Orientation: Interpersonal, behavioral

Interests: Geropsychology, sleep

Certifications: Problem Solving Training – HBPC

Jacob Landers, Ph.D. (The Ohio State University, Clinical Psychology, 2021).

Same Day Access SUD Clinic/PCMHI: Provide consultation to IMHAC and ED for Veterans presenting for same day evaluation of drug and/or alcohol abuse. Arrange referrals, inpatient admission, or provide short-term follow-up treatment when indicated. Also serve as part of PCMHI team to provide brief functional assessment and psychotherapy for primary care clinic referrals for whom SUD is relevant.

Theoretical orientation: Integrative, including CBT, ACT, and interpersonal process

Interests: Health psychology and integrated care, geropsychology, sleep, trauma, substance abuse

Certifications: PC-MHI Competency Training

Sadie Larsen, Ph.D. (University of Illinois Urbana-Champaign, Clinical/Community Psychology 2011)

National Center for PTSD Executive Division Education Team/Evidence-Based Psychotherapy Clinic/Research/Medical College of Wisconsin (MCW): Develop educational materials for the National Center for PTSD. Provide individual evidence-based psychotherapy for PTSD. Conduct research on PTSD (trial ongoing).

Theoretical Orientation: Primarily Cognitive-Behavioral, drawing on Acceptance and Commitment Therapy, Mindfulness, and Dialectical Behavior Therapy

Interests: PTSD and its treatment, anxiety disorders, gendered violence (e.g., military sexual trauma, domestic violence, childhood sexual abuse)

Certifications: Cognitive Processing Therapy and Prolonged Exposure for PTSD

Academic Affiliation: Associate Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

William G. Lorber, Ph.D. (University of Connecticut, Clinical Psychology, 2006)

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide psychotherapy in group, individual, couples and family settings. Conduct research investigating Veterans' psychological functioning. Provide supervision of psychology interns.

Interests: Treatment of PTSD, emotion regulation, the impact of traditional masculine gender role norms on men's mental health

Certifications: Prolonged Exposure

Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Mindy Marcus, Ph.D. (University of Texas, Educational Psychology 1998; Marquette University, Respecialization in Counseling Psychology, 2004)

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide psychotherapy in group, individual, couples and family settings to Veterans with PTSD from combat trauma and/or sexual trauma. from any phase of life including military sexual trauma. Provide supervision of interns and fellows.

Theoretical Orientation: Integrative, largely based on psychodynamic, interpersonal process, and cognitive behavioral theories.

Certifications: CPT for PTSD, EMDR

Patrick W. Martin, Ph.D. (St. Louis University, Clinical Psychology, 1999)

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual and group therapy. Provide supervision of psychology interns and medical residents.

Theoretical Orientation: Integrationist with leaning toward process oriented therapy

Interests: Vulnerability and resiliency, well-being; sport psychology; emotion regulation

Certifications: Prolonged Exposure for PTSD, Cognitive Processing Therapy, EMDR

Academic Affiliation: Provide teaching and supervision for the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Katherine Mejia, Ph.D. (SUNY, University at Buffalo, Combined Counseling/School Psychology PhD, 2019)

Emergency Department: Conduct comprehensive assessments of SI/HI, alcohol and other substance use disorders, PTSD exacerbation, mood instability, psychosis, anxiety/panic attack, dementia vs. delirium, active distress secondary to medical concerns, acute grief/loss, and/or agitation or other behavioral concerns in the ED. Provide after-hours consultation and behavioral management recommendations to medical floors and acute mental health unit as needed.

Theoretical Orientation: Integrative, interpersonal, multicultural, feminist

Interests: Working with the Latinx community, psychotherapy in Spanish, multicultural issues, intersectionality, social justice issues, SPMI, community psychology

Academic Affiliation: Adjunct Instructor at SUNY, University at Buffalo for the College of Education

Stephen E. Melka, Ph.D. (Southern Illinois University, Clinical Psychology, 2011)
Mental Health Residential Rehabilitation Treatment Programs: Program Manager. Work duties are largely administrative.

Theoretical Orientation: Existential and Cognitive Behavioral

Interests: Substance use disorders, traumatic stress, anxiety, and emotion regulation

Certifications: Motivational Interviewing/Enhancement Therapy, Cognitive Processing Therapy for PTSD, Problem-Solving Training

Academic Affiliations: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Afnan Musaitif, Ph.D. (Marquette University, Counseling Psychology, 2018)

Outpatient Addiction Treatment: Facilitate groups and individual psychotherapy. Conduct psychological and personality assessment

Theoretical Orientation: Integrative, primarily cognitive-behavioral

Interests: Addictions, post-traumatic stress disorder

Certifications: Motivational Interviewing

Jamie Noffsinger, Psy.D. (Illinois School of Professional Psychology, Clinical Psychology with a Certificate in Forensic Psychology, 2008)

Acute Mental Health: Facilitate group and brief supportive individual psychotherapy as well as conducting psychological and personality assessments on the acute inpatient unit . Facilitate groups for the Bridge Intensive Outpatient Program.

Dialectical Behavior Therapy Team: Facilitate Dialectical Behavior Therapy Groups, provide individual DBT based treatment, participate in the DBT Consultation Team

Police Psychology: Provide pre-employment and annual Mental Health Evaluations for the VA Police Department

Centralized Assessment Unit: Complete pre-transplant and bariatric surgery Mental Health Evaluations

Risk Assessment Group: Committee Chair, responsible for reviewing all Disruptive Behavior Reports and determining level of risk and appropriate courses of action for responding to/managing risk

Theoretical Orientation: Integrative, primarily Dialectical Behavior Therapy

Interests: Chronic severe mental illness, forensic psychology, military psychology (currently serve as a Behavioral Health Officer in the United States Army Reserves)

Megan Olson, Ph.D. (Washington State University, Clinical Psychology, 2007)

Outpatient Mental Health Clinic: Conduct psychological, psychodiagnostic, and cognitive assessments. Provide evidence-based individual, group, and family psychotherapy, consultation, and psychoeducation. Facilitate an Acceptance and Commitment Therapy (ACT) for depression group. Supervise pre-doctoral interns and post-doctoral fellows.

Theoretical Orientation: ACT, Behavioral Activation, elements of Cognitive Behavioral Therapy

Interests: Health psychology, addictions, mindfulness based approaches to treatment, depression, ACT, behavioral activation, cognitive risk factors for depression

Certifications: ACT for Depression

Kathleen Patterson, Ph.D., ABPP (University of Wisconsin-Milwaukee, Clinical Psychology, 1993)

Neuropsychology: Conduct neuropsychological assessment with outpatient and inpatient Veterans. Provide consultation with interdisciplinary medical and mental health teams. Supervise psychology practicum students, interns, fellows, and students. Supervise psychiatry and neurology residents and postdoctoral fellows.

Theoretical Orientation: Integrative

Interests: Neurodegenerative disorders, TBI

Certifications: Board Certified in Clinical Neuropsychology (ABCN)

Academic Affiliations: Associate Professor, Department of Psychiatry and Behavioral Medicine with a secondary appointment in Department of Neurology, Medical College of Wisconsin; Adjunct Assistant Professor, Department of Clinical Psychology, University of Wisconsin-Milwaukee

Carly Peterson, Ph.D. (Texas A&M University, Clinical Psychology, 2012)

Emergency Department (ED): Provide consultation to ED for Veterans presenting with psychiatric emergencies, drug and alcohol abuse, and psychological distress related to medical conditions. Determine level of care needed, coordinate referral and/or hospital admission, facilitate interdisciplinary treatment planning, and conduct decision-making capacity evaluations. Provide health and behavior interventions, and provides consultation-liaison services to medical units for psychiatric complaints or adjustment to medical conditions.

Theoretical orientation: Integrative; Cognitive-Behavioral; Interpersonal

Interests: Therapeutic assessment; mental health recovery; interdisciplinary consultation; personality assessment; psychology training.

Jeffery Peterson, Ph.D. (University of Wisconsin – Madison, Counseling Psychology, 2002)

Emergency Department: Conduct comprehensive assessments of SI/HI, alcohol and other substance use disorders, PTSD exacerbation, mood instability, psychosis, anxiety/panic attack, dementia vs. delirium, active distress secondary to medical concerns, acute grief/loss, and/or agitation or other behavioral concerns in the ED. Provide after-hours consultation and behavioral management recommendations to medical floors and acute mental health unit as needed.

Theoretical orientation: Integrative

Interests: Military, Operational/Performance, Aviation & SERE psychology; Executive Coaching

Certifications: SERE (Survival, Evasion, Resistance Escape) Psychologist; Aviation Human Factors Specialist; Hogan Assessment

Nina Sathasivam-Rueckert, Ph.D. (Boston College, Counseling Psychology, 2015)

Centralized Assessment Unit (CAU): Conduct pre-surgical psychodiagnostic and psychosocial evaluations for bariatric and transplant candidates and psychodiagnostic evaluations to aid in treatment planning for Veterans in outpatient mental health.

Kirsten Schmidt, Ph.D. (University of Wisconsin-Milwaukee, Counseling Psychology, 2022)

Primary Care-Mental Health (PC-MH) Integration: Provide brief functional assessment and time-limited psychotherapy to women Veterans within PC-MHI. Develop and facilitate PC-MHI groups and classes focused in areas of wellness and postpartum health. Consult and collaborate with the Women's Health Primary Care Clinic. Provide individual and group supervision to psychology trainees.

Theoretical orientation: Integrative, drawing heavily upon cognitive-behavioral and interpersonal process within multicultural frameworks

Interests: Integrated care and health psychology, women's health, trauma, multicultural and social justice work in psychology and healthcare, training and supervision

Kelly Schuder, Psy.D. (Indiana State University, Clinical Psychology, 2017)

Immediate Mental Health Access Clinic: Conducts comprehensive assessments of SI/HI, alcohol and other substance use disorders, PTSD exacerbation, mood instability, psychosis, anxiety/panic attack, dementia vs. delirium, active distress secondary to medical concerns, acute grief/loss, and/or agitation or other behavioral concerns in the MH urgent care clinic and emergency department.

Theoretical Orientation: Integrative, interpersonal, existential, metacognitive

Interests: SMI and prediction of psychosis, MMPI-2-RF, schizophrenia-spectrum disorders, recovery

Samuel J. Shepard, Ph.D. (University of Iowa, Counseling Psychology, 2010)

Team Leader, PTSD Residential Treatment Program: Serves as the Team Leader on the interdisciplinary PTSD Residential Treatment Team. Provides diagnostic assessment, individual therapy, case management, and group therapy to Veterans with PTSD. The PTSD program emphasizes the use of evidence-based psychotherapies for PTSD.

Theoretical Orientation: Cognitive-Behavioral

Interests: PTSD, trauma, anxiety disorders, EBPs, men and masculinity

Certifications: CPT and PE

Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Kimberly Skerven, Ph.D. (Marquette University, Clinical Psychology, 2006)

Outpatient Mental Health Clinic: Conducts diagnostic interviews, individual therapy, case management, and group therapy. Serves on the Dialectical Behavior Therapy consultation team and the Evidence-Based Psychotherapy team, facilitates outpatient DBT skills groups, and provides individual DBT and EBPs. Supervises psychology interns within the outpatient clinic as well as the DBT consultation team and the EBP team.

Theoretical Orientation: CBT

Interests: DBT, EBP, LGBTQ+

Certifications: DBT-Linehan Board of Certification; VA CBT-D; VA CPT

Katie B. Thomas, Ph.D. (University of North Dakota, Clinical Psychology, 2015).

PTSD Specialist, Northeast Wisconsin Ambulatory Clinics / Staff Psychologist, Appleton CBOC Outpatient Mental Health Clinic: Serve as the NEWAC PTSD specialist, serving remotely in collaboration with the Milwaukee PTSD Clinical Team. Provide evidence-based PTSD treatment, consultation, and expertise to Veterans and VA staff across NEWAC MH clinic locations. Provide individual therapy utilizing evidence-based treatments. Conduct psychological assessment, including psychodiagnostic clarification, pre-surgical evaluations, and ADHD testing.

Theoretical Orientation: Third wave CBT

Interests: PTSD, military sexual trauma and other interpersonal trauma, borderline personality disorder and dialectical behavior therapy, emotion dysregulation, suicide and non-suicidal self-injury

Certifications: Completed VA training in Cognitive Processing Therapy for PTSD (VISN 12 Regional Trainer) and Prolonged Exposure Therapy for PTSD; completed intensive training in Dialectical Behavior Therapy

Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Matt Vendlinski, Ph.D. (University of Wisconsin-Madison, Clinical Psychology, 2012)

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual and group psychotherapy to Veterans experiencing PTSD and common comorbid conditions including depression, substance use problems, and personality disorders. Most commonly use techniques consistent with Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Cognitive Behavioral Therapy (CBT), and Dialectical Behavioral Therapy (DBT).

Theoretical Orientation: Cognitive-Behavioral

Interests: Trauma, LGBTQ-related concerns

Certifications: Cognitive Processing Therapy for PTSD, Prolonged Exposure for PTSD

Erin B. Williams, Ph.D. (Indiana State University, Counseling Psychology, 1997)

Spinal Cord Injury & Disorders: Provide psychological services to Veterans with SCI in both inpatient and outpatient settings with the aim of facilitating post-injury adjustment of Veterans, their families, and caregivers.

Roger D. Williams, Ph.D. (Indiana State University, Counseling Psychology, 1993)

Spinal Cord Injury & Disorders: Provide psychological services to Veterans with SCI in both inpatient and outpatient settings with the aim of facilitating post-injury adjustment of Veterans, their families, and caregivers. Conduct personality, psychological, and neuropsychological assessments. Provide clinical supervision and consultation to staff and trainees of various disciplines, including psychology interns, practicum students and postdoctoral fellows.

Ethics Consultation Coordinator (ECC): Ethics consultation improves health care quality by helping staff members, patients, and families resolve ethical concerns. The ECC serves as a member of the Medical Executive Committee and the Integrated Ethics Council to ensure high quality ethical standards throughout the facility.

Theoretical Orientation: Acceptance and Commitment Therapy, Family Systems Theory, Humanistic

Interests: Neuropsychology, rehabilitation, geropsychology, supervision, mentoring, chronic debilitating illness/disease, organizational development, leadership development, ethics

Certifications: Certified Veterans Health Administration Mentor at the Fellow Level

Academic Affiliation: Associate Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Training Staff Certified in Evidence Based Treatments

Evidence Based Treatment	Supervisor	Setting
Acceptance and Commitment Therapy – Depression	Megan Olson	Outpatient Mental Health
Behavioral Family Therapy - SMI	Sandra Regan	Operation Hope
Cognitive Behavioral Therapy – Depression	Jessica Brundage Colleen Heinkel Gregory Simons Kim Skerven	Spinal Cord Injury Outpatient Trauma/Women’s Mental Health Suicide Prevention Outpatient Mental Health
Cognitive Behavioral Therapy – Insomnia	Shauna Fuller Peter Graskamp Colleen Heinkel Christina Hove	Outpatient Trauma Recovery Polytrauma Outpatient Trauma/Women’s Mental Health Outpatient Trauma/SUD Clinic
Cognitive Processing Therapy - PTSD	Jessica Brundage Cathy Coppolillo Shauna Fuller Colleen Heinkel Julie Jackson Sadie Larsen Bill Lorber Mindy Marcus Pat Martin Steve Melka Sandra Regan Sam Shepard Kim Skerven Katie Thomas Matt Vendlinski	Spinal Cord Injury Outpatient Trauma Recovery Outpatient Trauma Recovery Outpatient Trauma/Women’s Mental Health Domiciliary GEN Women National Center for PTSD/Research Outpatient Trauma Recovery Outpatient Trauma Recovery Domiciliary Homeless Program Domiciliary Operation Hope Domiciliary PTSD Program Outpatient Mental Health/DBT Appleton CBOC Outpatient Trauma Recovery
Dialectical Behavior Therapy	Amanda Gregas Kim Skerven Katie Thomas	Acute Mental Health/DBT Outpatient Mental Health/DBT Appleton CBOC
Eye Movement Desensitization and Reprocessing	Mindy Marcus Pat Martin	Outpatient Trauma Recovery Outpatient Trauma Recovery
Interpersonal Therapy – Depression	Shaun English Dan Flave-Novak Colleen Heinkel	Outpatient Mental Health Union Grove CBOC Outpatient Trauma/Women’s Mental Health
Motivational Interviewing	Theresa Drewniak Allison Jahn	Primary Care Outpatient Geropsychology

	Steve Melka Afnan Musaitif	Domiciliary Outpatient Mental Health/SUD
Problem Solving Training – Group	Steve Melka	Domiciliary
Problem Solving Training – Primary Care	Alison Minkin	Primary Care
Problem Solving Training – HBPC	Irene Kostiwa	Home Based Primary Care
Prolonged Exposure – PTSD	Cathy Coppolillo Sadie Larsen Bill Lorber Pat Martin Sam Shepard Katie Thomas Matt Vendlinski	Outpatient Trauma Recovery National Center for PTSD/Research Outpatient Trauma Recovery Outpatient Trauma Recovery Domiciliary PTSD Program Appleton CBOC Outpatient Trauma Recovery
Social Skills Training - SMI	Sandra Regan	Operation Hope
STAR-VA	Heather Smith	Community Living Center
VA Whole Health	Theresa Drewniak Sarah Keating	Primary Care HBPC/Outpatient Geropsychology

Former Postdoctoral Fellows:

Since the program's accreditation in 2003, fellows admitted to our program have represented diverse university programs and doctoral internship programs. The university programs represented include:

- Adler University (Clinical)
- University of Akron (Clinical)
- University of Alabama (Clinical)
- Albizu University – Miami (Clinical)
- Albizu University – San Juan (Clinical)
- Ball State University (Counseling)
- Boston College (Counseling)
- Bowling Green State University (Clinical)
- Brigham Young University (Clinical)
- University of California Berkeley (Clinical)
- California Lutheran University (Clinical)
- Case Western Reserve University (Clinical)
- Chicago School of Professional Psychology (Clinical)
- Colorado State University (Counseling)
- University of Delaware (Clinical)
- Fairleigh Dickinson University (Clinical)
- Florida Institute of Technology (Clinical)
- University of Georgia (Counseling)
- University of Illinois at Chicago (Clinical)
- Illinois Institute of Technology (Clinical)
- Illinois School of Professional Psychology (Clinical)
- Indiana University (Clinical)
- Indiana State University (Clinical)
- Indiana University of Pennsylvania (Clinical)
- University of Indianapolis (Clinical)
- University of Iowa (Counseling)
- University of Kansas (Clinical)
- University of Louisville (Clinical)
- Marquette University (Clinical)
- Marquette University (Counseling)
- University of Minnesota (Counseling)
- University of Missouri-Kansas City (Counseling)
- University of Montana (Clinical)
- University of Nebraska (Counseling)
- University of North Dakota (Clinical)
- University of North Texas (Clinical)

- Nova Southeastern University (Clinical)
- Ohio University (Counseling)
- The Ohio State University (Clinical)
- The Ohio State University (Counseling)
- University of Oklahoma (Counseling)
- Pacific Graduate School of Psychology (Clinical)
- The Pennsylvania State University (Clinical)
- PGSP-Stanford Psy.D. Consortium (Clinical)
- Pacific University School of Professional Psychology (Clinical)
- Purdue University (Counseling)
- Roosevelt University (Clinical)
- Rosalind Franklin University (Clinical)
- Southern Illinois University (Clinical)
- Southern Illinois University (Counseling)
- Spalding University (Clinical)
- State University of New York at Albany (Counseling)
- The University of St. Thomas (Counseling)
- Tennessee State University (Counseling)
- Texas Tech University (Clinical)
- University of Tulsa (Clinical)
- Virginia Commonwealth University (Clinical)
- Virginia Commonwealth University (Counseling)
- Wayne State University (Clinical)
- University of West Virginia (Clinical)
- Western Michigan University (Clinical)
- Wheaton University (Clinical)
- University of Windsor (Clinical)
- University of Wisconsin-Madison (Clinical)
- University of Wisconsin-Madison (Counseling)
- University of Wisconsin-Milwaukee (Clinical)
- University of Wisconsin-Milwaukee (Counseling)
- Wisconsin School of Professional Psychology (Clinical)
- University of Wyoming (Clinical)
- Xavier University (Clinical)

Among the 49 who completed our program during the last 6 years, 31 accepted VA staff positions, 7 accepted positions in community hospitals or outpatient medical clinics, 2 accepted positions in a private psychiatric hospital, 1 accepted a position at a community mental health center, 4 accepted positions at academic medical centers, 2 accepted positions at university counseling centers, and 2 entered independent practice.

Local Information

Milwaukee is located on the western shore of Lake Michigan, approximately 90 miles north of Chicago. The four county metropolitan Milwaukee area has a population of more than 1.5 million people. Milwaukee is a diverse community offering a wide variety of year-round leisure and recreational activities, and a lively dining, professional sports, and arts scene.

POST-DOCTORAL RESIDENCY PROGRAM
TABLES

Date Program Tables are updated: **November 1, 2022**

Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on resident selection and practicum and academic preparation requirements:
The program operates within a scholar-practitioner model. There are 12 positions among 9 areas of concentration: two in Geropsychology, one in LGBTQ+ Affirmative Health Care, one in Outpatient PTSD, one in Palliative Care, one in Primary Care/Mental Health Integration, one in Psychosocial Rehabilitation, one in Residential Rehabilitation, two in Women's Health, and two in a separately accredited Clinical Neuropsychology fellowship. The Women's Health and Clinical Neuropsychology fellowships are two-year appointments. We look for candidates with solid backgrounds in both assessment and psychotherapy whose background and experience is consistent with the area to be emphasized in the fellowship. Relevant research experience is a factor in selection, though relevant clinical experience is typically weighed more heavily.
Describe any other required minimum criteria used to screen applicants:
N/A

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$48,336
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for resident?	Yes No
If access to medical insurance is provided	
Trainee contribution to cost required?	Yes No
Coverage of family member(s) available?	Yes No
Coverage of legally married partner available?	Yes No
Coverage of domestic partner available?	Yes No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes No
Other Benefits (please describe) 11 paid federal holidays; Authorized absence for attendance at workshops, seminars, conventions; Licensing Exam Release Time	

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Residency Positions

	2019-22	
Total # of residents who were in the 3 cohorts	19	
Total # of residents who remain in training in the residency program	1	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	1
Hospital/Medical Center	0	5
Veterans Affairs Health Care System	1	12
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	0	0

Note. "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.